V-250 70 11501

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11501

1. NAME OF DECEASED (Type or Print): Rosalina Vecchioni

2. DATE AND HOUR OF DEATH: 11/24/70 | 8:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 26-43

C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3636 Chesterfield Ave.

5. SEX: M 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/4/09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ferdinand Vecchioni

14. MOTHER'S MAIDEN NAME: Carmelina Lazzaro

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-0747

17. INFORMANT: Mrs Margaret Vecchioni ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Nocardia Abscess (R) parietal region

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pulmonary Nocardia

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11/12/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Nocardia Abscess

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/4 19 70 to 11/24 19 70 that (I) (we) last saw the deceased alive on 11/24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David M Cook DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/24/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/28/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-253

BIRTH NO. 70 11502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11502

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): VIOLA V. COSSENTINO

2. DATE AND HOUR OF DEATH: Nov. 22, 1970 | 6 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4718 Eugene Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21206
B. COUNTY: 27-41
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4718 Eugene Avenue

5. SEX: female
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/26/01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitoral Work
10B. KIND OF BUSINESS OR INDUSTRY: Balto City Schools
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Kolbe
14. MOTHER'S MAIDEN NAME: Georgeanna Jubb

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-22-1153
17. INFORMANT: George Cossentino, husband, above — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

094.9 + 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE — C.N.S. Lues. @ Diabetes Mellitus
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 1956 to 11/22 1970 that (I) (~~we~~) last saw the deceased alive on 11/19 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph R. Liberto, MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): X Dr. Joseph R. Liberto DEGREE
23D. ADDRESS: 3508 Bank Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

T-634

BIRTH NO. 70 11503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11503

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BESSIE M. TREADWELL

2. DATE AND HOUR OF DEATH: Nov. 22, 1970 | 1 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21213 26-33
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3313 Shannon Drive

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/14/95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Union Trust Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Emil Sima
14. MOTHER'S MAIDEN NAME: Mary Ruzicka
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-1746
17. INFORMANT: Mrs. Floyd W. Bousman, neice
ADDRESS: 621 Nottingham Rd. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4/109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CORONARY THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 HR
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) CORONARY ATHEROSCLEROSIS — 1 YR.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 12/25 1965 to 11/22 1970 that (I) (~~we~~) last saw the deceased alive on 11/11 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Stuart D. Sunday MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): Dr. Stuart D.P. Sunday DEGREE
23D. ADDRESS: 201 E. 33rd St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/70
24C. NAME of CEMETERY or CREMATORY: Friendship Cemetery
24D. LOCATION (City, town, or county) (State): Fallston, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

50-47-48 dsk

H-200

BIRTH NO. 70 11504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11504

1. NAME OF DECEASED (Type or Print): HOUCK, VIOLA MAE

2. DATE AND HOUR OF DEATH: 11/21/70 7:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL, 4940 Eastern Ave, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 26-34
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4810 HOFFMAN ST. 007

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 12/8/09 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY: Freedom DrugStore

11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: PETER JENSEN
14. MOTHER'S MAIDEN NAME: JANE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO. 040-22-6644

17. INFORMANT: BCH Records ADDRESS: 4940 Eastern Ave Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: Probable Myocardial Infarction & Pulmonary Embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fractured Hip (1967)

19A. DATE OF OPERATION: 11/9/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Pertrochanteric prosthesis
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4810 Hoffman St
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Circa 1967
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Fell

22. I certify that (I) (this hospital) attended the deceased from 8 Nov 70 19 70 to 11/21 19 70 that (I) (we) last saw the deceased alive on 11/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. J. Dunn M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/21/70
23C. PHYSICIAN'S NAME (Type): E. J. DUNN M.D. DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md BALTIMORE CITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

Released on Approval

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-426 70 11505

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11505

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WALKER, James Albert

2. DATE AND HOUR OF DEATH: November 20, 1970 5:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21213 26-43
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3840 Elmley Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] separated DIVORCED [ ]
8. DATE OF BIRTH: 9-18-28
9. AGE (In years last birthday): 42 — If Under 1 Yr. Months Days — If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Auto Parts
11. BIRTHPLACE (State or foreign country): Maryland Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Walker
14. MOTHER'S MAIDEN NAME: Effie Galloway
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 1947 to 12-7-50
16. SOCIAL SECURITY NO.: 215-24-93-40
17. INFORMANT: Records ADDRESS: VAH, 3900 Loch Raven Blvd., Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of the lung — 8 Months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) R. Hydropyoneumothorax — 4 Months
DUE TO, OR AS A CONSEQUENCE OF:

(C) Superior Vena Cava Syndrome — 2 Weeks

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from November 3, 19 70 to November 20 19 70 that (I) (we) last saw the deceased alive on November 20, 19 70 and that (I) (we) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jaime F. Casellas M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-20-70
23C. PHYSICIAN'S NAME (Type): Jaime F. Casellas M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/70
24C. NAME of CEMETERY or CREMATORY: Gettysburg Nat. Cem.
24D. LOCATION (City, town, or county) (State): Gettysburg, Pa.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

S-240

BIRTH NO. 70 11506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11506

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Anthony J. Sokol

2. DATE AND HOUR OF DEATH: Nov. 21, 1970 12:40 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines (Belair Rd.) 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21205
B. COUNTY: 7-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 707 N. Collington Avenue

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/16/1900
9. AGE (In years last birthday): 70 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Cutter-Dixon-Gartlett &
10B. KIND OF BUSINESS OR INDUSTRY: Lambrecht Inc.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-0043
17. INFORMANT: Carrie Panzer Sokol, wife, above — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4918

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Probable Pneumonitis — 1-2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary Insufficiency — months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Bronchitis / Asthma — years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Cor Pulmonale
Ulcerative Colitis — ?

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 10/12/1970 to 11/21/1970 that (I) (~~we~~) last saw the deceased alive on 11/20/1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We) (did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B. Bradley DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/23/70
23C. PHYSICIAN'S NAME (Type): Dr. Albert B. Bradley DEGREE
23D. ADDRESS: 4900 Belair Road

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

M-320

BIRTH NO. 70-20953 70 11507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11507

4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MATTHEWS, BABY BOY

2. DATE AND HOUR OF DEATH: Nov. 23, 1970 | 4:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2317 Frederick Ave

5. SEX: M
6. RACE: C
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/23/70
9. AGE (In years last birthday)
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 5 | Min.: 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): /
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reynder Matthews
14. MOTHER'S MAIDEN NAME: Alice Warren

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): /
(If yes, give war or dates of service): /
16. SOCIAL SECURITY NO.: /
17. INFORMANT: Parents Address — ADDRESS: 2317 Frederick Ave 21223

MEDICAL CERTIFICATION

18. 772.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Intracranial Hemorrhage — 4 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral anoxia

DUE TO, OR AS A CONSEQUENCE OF:

(C) Prematurity ±30 weeks gestation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: /
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from November 23 1970 to November 23 1970 that (I) ~~(we)~~ last saw the deceased alive on November 23 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Marston A Young MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov 23 '70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/70
24C. NAME of CEMETERY or CREMATORY: St Peters Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [redacted]
25C. FUNERAL DIRECTOR: Thomas J Kenny Inc
ADDRESS: 1600 Ida Ave

VS 150-REV. 1/1/68

off - 5 hrs 15 min — B. S. Hay

K-650 70 11508

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11508

1. NAME OF DECEASED (Type or Print): KATHARINE KREIN

2. DATE AND HOUR OF DEATH: 11/24/70 | 3 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 28-02

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2809 Silver Hill Avenue

5. SEX: W F 6. RACE: F W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 8/28/83 9. AGE (In years last birthday): 87 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John ~~Schmelzer~~ Schmelzer

14. MOTHER'S MAIDEN NAME: Katherine ???

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-2551-B

17. INFORMANT: John Krein ADDRESS: As Above

MEDICAL CERTIFICATION

18. 4/10.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CVA

DUE TO, OR AS A CONSEQUENCE OF:

(B) Probable myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23/ 19 70 to 11/24/ 19 70, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kowin DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/27/70

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.

25C. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11509

BIRTH NO. M-342 70 11509

1. NAME OF DECEASED (Type or Print) XXXXXXXXXXXXXXXXXXXXXX JACY E. MATLOCK

2. DATE AND HOUR OF DEATH 11-23-70 5:25 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Texas

B. COUNTY: V-40

C. CITY OR TOWN: Evadale

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: P.O. Box 162

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/22/14

9. AGE (In years last birthday): 56

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrican

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Matlock

14. MOTHER'S MAIDEN NAME: Effie Owens

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 451-18-9103

17. INFORMANT: Mrs. Elizabeth Matlock, P.O. Box 162 ADDRESS Evadale, Texas

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 395.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Calcific Aortic Stenosis — 10 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Rheumatic or Congenital Valvular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~Heart Failure~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Liver Failure, Acute Renal Failure, Sepsis

19A. DATE OF OPERATION: 11-11-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Aortic Stenosis

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-11- 1970 to 11-23 1970, that (I) (we) last saw the deceased alive on 11-23- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John W. Baker M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11-23-70

23C. PHYSICIAN'S NAME (Type): John W. Baker M.D. DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-27-70

24C. NAME of CEMETERY or CREMATORY: Lawn Park Cemetery

24D. LOCATION (City, town, or county) (State): Vidor, Texas

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-536 70 11510

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11510

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LAURA MATILDA ANDERSON

2. DATE AND HOUR OF DEATH: NOVEMBER 24/1970 3:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL 3001 S. Hanover St, Balto, Md 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 23-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 117 W. Randall St.

5. SEX: F
6. RACE: Caucasion
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-20-1894
9. AGE (In years lost birthday): 75. If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM WOOTEN
14. MOTHER'S MAIDEN NAME: ELIZABETH JONES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: G. W. Anderson — ADDRESS: 807 Bradford Ave. 21012

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerotic Cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypertension Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/18/70 19 to 11/24/70 19 that (I) (we) last saw the deceased alive on 11/24/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edmund P Garvey MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/24/70.
23C. PHYSICIAN'S NAME (Type): EDMUND GARVEY DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home — ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-240 70 11511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11511

1. NAME OF DECEASED (Type or Print): GEORGE McCAULEY

2. DATE AND HOUR OF DEATH: 11-24-70 | 8:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSP. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 22-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 803 WILLIAM ST

5. SEX: M
6. RACE: Wht
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-3-19
9. AGE (In years last birthday): 51
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Fence Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE McCauley
14. MOTHER'S MAIDEN NAME: Nettie Shipley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 220-05-0782
17. INFORMANT: Leona M. McCauley
ADDRESS: 803 William St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CANCER - LUNG
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11 23 70 19 70 to 11 24 19 70 that (I) (we) last saw the deceased alive on 11 23 70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gopalakrishnan DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11 24 70
23C. PHYSICIAN'S NAME (Type): DR GOPALA KRISHNAN DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/70
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county): Balto. (State): Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home
ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11512

70 11512

1. NAME OF DECEASED (Type or Print): ETOKA GOFF

2. DATE AND HOUR OF DEATH: 11/22/70 | 9:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U. of Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 19-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1317 W. Saratoga St. #23

5. SEX: F
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-21-93
9. AGE (In years last birthday): 77 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Everett Gross
14. MOTHER'S MAIDEN NAME: Della Badgdis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henry GOFF ADDRESS: 1317 W. Saratoga ST. Balt.

MEDICAL CERTIFICATION

1B. 4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: a.f.f.b CHF 2° ASCVD — 6 mo
DUE TO, OR AS A CONSEQUENCE OF:
(B) (R) Middle Cerebral CVA — 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Possible Pulmonary or Systemic Embolus — 3d

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 1 19 70 to Nov 22 19 70 that (I) (we) last saw the deceased alive on Nov 22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph B. Sappington, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/22
23C. PHYSICIAN'S NAME (Type): JOSEPH B. SAPPINGTON, M.D. DEGREE
23D. ADDRESS: U. of Md. Hospital, Balto., Md.

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: Brooks Church Cem.
24D. LOCATION (City, town, or county) (State): Calvert Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Pinkney E. Sewell ADDRESS: Pr. Frederick, Md.

VS 150-REV. 1/1968

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-245 70 11513

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

Registered No. 70 11513

1. NAME OF DECEASED (Type or Print): FRANCIS ~~FRANCIS~~ CHARLES KESELING

2. DATE AND HOUR OF DEATH: 11/24/70 8 45 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 MD GENERAL HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: CARROLL 56-00
C. CITY OR TOWN (If outside city limits, write RURAL and give township): NEW WINDSOR, MD
D. STREET ADDRESS (If rural, give location): RT 2

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 6/10/04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: FRANK — KESELING
14. MOTHER'S MAIDEN NAME: MARY — FISCHER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARY KESELING ADDRESS: RT 2 NEW WINDSOR

MEDICAL CERTIFICATION

18. 444.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) RUPTURED ABD AORTIC ANEURYSM — 48 hrs
DUE TO
(B) ARTERIO SCLERTOIC VASCULAR DISEASE — YRS
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 11/24/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: RUPTURED AA
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 70 to 11/24 19 ___, that (I) (we) last saw the deceased alive on 11/24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kristin Stueber, M.D. M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): KRISTIN STUEBER, MD M.D.
23D. ADDRESS: MD GENERAL HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: NOV 28-1970
24C. NAME of CEMETERY or CREMATORY: PIPE CREEK
24D. LOCATION (City, town, or county) (State): NEW WINDSOR RURAL MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: D. Harlan Flora ADDRESS: NEW WINDSOR MD

VS 150-REV. 1/1/65

1

O-520 70 11514

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11514

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John Owens

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 22 Year: 70 Hour: 9:05 P.M.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 22 Year: 70 Hour: 9:05 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 28-33

6. SEX: male 40

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: Dec 27, 1933

10. AGE (In years last birthday): 36 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 5009 Dickey Hill Rd.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry F. Owens

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

14B. KIND OF BUSINESS OR INDUSTRY: Electric

15. MOTHER'S MAIDEN NAME: Beulah Sprinkel

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Wayne Owens ADDRESS: 3452 Vargas Circle 21207

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shotgun wounds of chest and abdomen

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

E965 X

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ROAD

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4600 Manordene Road 28-64

22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 22 (Year) 70 (Hour) 8:50 p.m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Subject shot by unknown assailant.

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]

ACTUAL SIGNATURE: Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 11/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/25/70

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Walters Funeral Home ADDRESS: Pratt & Stricker Streets 21223

70001 4578

VS 151-REV. 7/1/68

N829.1

R-563 70 11515

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11515

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Carroll L/ Rehmert

2. DATE AND HOUR OF DEATH: Nov. 23, 1970 — 4 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1003 Dundalk Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1003 Dundalk Ave.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 19, 1911
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John C. Rehmert
14. MOTHER'S MAIDEN NAME: Elizabeth Mc Colgan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212 10 6679
17. INFORMANT: Mrs. Josephine M. Rehmert — ADDRESS: 1003 Dundalk Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 1541 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Carcinoma of rectum	4 1/2 yrs
DUE TO, OR AS A CONSEQUENCE OF: (B)	metastases to bladder, abdomen	3 1/2 yrs
DUE TO, OR AS A CONSEQUENCE OF: (C)	+ lungs	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: July 5, 1966
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: C of rectum
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I) (this hospital)~~ Dr Kimberly attended the deceased from 6/14 1966 to 11/23 1970, that ~~(I) (we)~~ Dr Kimberly last saw the deceased alive on 11/20 1970 and that in ~~(my) (our)~~ his opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul M Leand for Robt. C. Kimberly DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70

23C. PHYSICIAN'S NAME (Type): Robt C. Kimberly / PAUL M. LEAND DEGREE
23D. ADDRESS: 103 E. Chase St / 2220 W. Cold Spring La

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11 27 70
24C. NAME of CEMETERY or CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Mc Cully — ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-460 70 11516

REG. NO. 70 11516

1. NAME OF DECEASED (Type or Print): Margaret Gollar

2. DATE AND HOUR OF DEATH: Nov. 23, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 23-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [*] NO [ ]

E. STREET AND NUMBER: 1713 Marshall St.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 3, 1894

9. AGE (In years last birthday): 75

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown Simmons

14. MOTHER'S MAIDEN NAME: Josephine Wroten

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213 54 0249T

17. INFORMANT: Michael Gollar ADDRESS: 1713 Marshall St.

MEDICAL CERTIFICATION

1B. 41241

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiac Vascular Disease — months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Pulmonary Edema — Days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Anemia, Iron Deficiency — months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 1970 to 11-23 1970, that (I) (we) last saw the deceased alive on 11-23 1970 and that in (my) (opinion) death occurred on the date and hour and from the causes stated above. (We) (did) (did not) view the body after death.

23A. SIGNATURE: Roland V. Gaco, MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11-24-70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11 27 70

24C. NAME of CEMETERY or CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Tabery, M.D.

25C. FUNERAL DIRECTOR: Mc Cully Funeral Home ADDRESS: 130 East Fort Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11517

W-256

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11517

1. NAME OF DECEASED (Type or Print): Frank W. Wagner

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 70 Hour 6:35 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 City Hospitals

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 933 S. Belnord Ave.

6. SEX: male
7. RACE: white
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: June 20, 1921
10. AGE (In years last birthday): 49
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Michael C. Wagner
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto. City - Bureau
14B. KIND OF BUSINESS OR INDUSTRY: of Sanitation
15. MOTHER'S MAIDEN NAME: Mary Dembeck
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 215-18-9066
18. INFORMANT (Brother) ADDRESS Balto. Md.
Mr. Michael Wagner, 725 S. Linwood Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED 11/24/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS 2829 Hudson St. Balto. Md.

VS 151-REV. 1/1/68

H-640 70 11518

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 11518

1. NAME OF DECEASED (Type or Print): Howard C. Herl / Howard Herl

2. DATE AND HOUR OF DEATH: 23 Nov 70 | 1 20p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSPITAL / Montebello State Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Balto Co. 53-00
C. CITY OR TOWN: Dundalk / Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 7602 Parkwood Road / 7602 Parkwood

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-30-04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Martin Co.
11. BIRTHPLACE (State or foreign country): Maryland / Baltimore Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George J. Herl
14. MOTHER'S MAIDEN NAME: Rose E. Zeberlein

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-7084
17. INFORMANT: Son: Mr. Howard C. Herl
ADDRESS: 7602 Parkwood Road Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Rheumatoid arthritis, chronic — years.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-15 1963 to 11-23 1970 that (I) (we) last saw the deceased alive on 11-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hector Feliciano DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-23-70
23C. PHYSICIAN'S NAME (Type): HECTOR L. FELICIANO M.D. DEGREE
23D. ADDRESS: Montebello State Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-27-70
24C. NAME of CEMETERY or CREMATORY: Holy Cross Polish National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 130-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11519

BIRTH NO. S-650 70 11519

1. NAME OF DECEASED (Type or Print) Anna E. Sharron SHARRON. MRS. ANNA. E

2. DATE AND HOUR OF DEATH 11/23/70 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

CHURCH Home + HOSPITAL.
Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore Co. 53

C. CITY OR TOWN Sparrows Point D. INSIDE CITY LIMITS? YES [X] NO [X]

E. STREET AND NUMBER 1326 Beechwood Road

5. SEX Female 6. RACE White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 2-10-08 9. AGE (In years last birthday) 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Heiry

14. MOTHER'S MAIDEN NAME Laura Burgess

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-22-2449

17. INFORMANT (Husband) 1326 Beechwood Rd. ADDRESS
Mr. Edward G. Shannon, Baltimore, Md. 21219

MEDICAL CERTIFICATION

518.2

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Chronic Obstruction Lung Disease & Pulm Oedema
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulm Oedema + Possible Pulm. Embolism ?
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16/1970 19 to 19
that (I) (we) last saw the deceased alive on 11/23/1970 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Firozi MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED 11/23/70

23C. PHYSICIAN'S NAME (Type) FIROZYI MD DEGREE

23D. ADDRESS Church Home & Hospital, Baltimore, Md. CH + HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 11-27-70

24C. NAME of CEMETERY or CREMATORY Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State) Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT. NOV 27 1970

25B. NAME OF REGISTRAR Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-420 70 11520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11520

1. NAME OF DECEASED (Type or Print): Louis Frederick Giles

2. DATE AND HOUR OF DEATH: Nov. 24, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1436 Riverside Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1436 Riverside Ave.

5. SEX: M.
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Jan 15, 1900
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY: Coast Guard Yard
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Norris Giles
14. MOTHER'S MAIDEN NAME: Ann Crowl
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 216 18 9571
17. INFORMANT: Louis F. Giles Jr.
ADDRESS: 210 6th St. 21225

MEDICAL CERTIFICATION

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebrovascular accident — 1 mo. and 2 years
DUE TO, OR AS A CONSEQUENCE OF: ASCVD
(B) Arrhythmia, Coronary arteriosclerosis, — 3 + years
DUE TO, OR AS A CONSEQUENCE OF: ASCVD
(C) Chronic obstructive lung disease — 10 + years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from December 19 58 to November 19 69, that (I) (we) last saw the deceased alive on November 10 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard N. Tillman, MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: November 25, 1970
23C. PHYSICIAN'S NAME (Type): Richard N. Tillman, M.D. DEGREE
23D. ADDRESS: 3035 St. Paul St., Baltimore, 21218, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: McCully Funeral Home Balto. Md.
ADDRESS:

VS 150-REV. 1/1/6B

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-160 70 11531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11531

1. NAME OF DECEASED (Type or Print): SEBRA, LEWELLYN

2. DATE AND HOUR OF DEATH: 11-25-70 | 9 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So. BALTO. GEN. HOSP. 3001 So. HANOVER ST. BALTO. MD. 21223

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 3501 PELHAM AVE 26-33
C. CITY OR TOWN: BALTO. Md.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3501 PELHAM AVE.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10-29-06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Paper Co.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Sebra
14. MOTHER'S MAIDEN NAME: Unknown Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Lewellyn R. Sebra ADDRESS: 3035 Matthew St.

MEDICAL CERTIFICATION

18. 188X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Ca Bladder. — 1 year?
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-18 19 70 to 11-25 19 70 that (I) (we) last saw the deceased alive on 11-25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Varah Vorasubin, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-25-70
23C. PHYSICIAN'S NAME (Type): VARAH VORASUBIN, M.D. DEGREE
23D. ADDRESS: South Balto. Gen. Hosp. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11 28 70
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Mc Cully ADDRESS: 130 E Fort Ave.

VS 150-REV. 1/1/68

1

R-300 70 11532

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11532

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Vincent Reed

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 70 Hour 1:30 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 202 ~~2002~~ E. Randall St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 24-04
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 202 E. Randall St.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Oct 7,1907
10. AGE (In years last birthday): 63 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Reed
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
14B. KIND OF BUSINESS OR INDUSTRY: Transit Co.
15. MOTHER'S MAIDEN NAME: Ella Finn
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 220 07 9004
18. INFORMANT: Vincent Reed Jr. ADDRESS: 3941 Dudley Ave 21213

MEDICAL CERTIFICATION

19. I 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S: [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/24/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970 Robert E. Jackson M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: McCully Funeral Home ADDRESS: Balto. Md.

VS 151-REV. 1/1/68

B-625 70 11523

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11523

1. NAME OF DECEASED (Type or Print): BERGIN DANIEL R.

2. DATE AND HOUR OF DEATH: 12-30PM- 11/24/70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY: 27-58

C. CITY OR TOWN: CITY

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5521 - HILLEN ROAD

5. SEX: M

6. RACE: W.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10/8/83

9. AGE (In years last birthday): 87

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED.

10B. KIND OF BUSINESS OR INDUSTRY: Laborer, Balto. City

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Bergin ~~XXXXXXXXXXXXXXXX~~

14. MOTHER'S MAIDEN NAME: ZWANGER Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-26-2266.

17. INFORMANT: SON. ~~G. R. JOSON~~

ADDRESS: 3712. LOCH RAVEN ROAD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) 445.0 SEPTICEMIA

(A) IMMEDIATE CAUSE: DRY GANGRENE.

DUE TO, OR AS A CONSEQUENCE OF:

(B) A-S-V-D AND PRESSURESORE

DUE TO, OR AS A CONSEQUENCE OF:

(C) UREMIA AND PNEUMONIA.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11. 21. 1970 to 11. 24. 1970 that (I) (we) last saw the deceased alive on 11. 24. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vasantdatta MD. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11.24.70

23C. PHYSICIAN'S NAME (Type): VASANT DATTA MD. DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/28/70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: John A. Moran, Inc.

ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-600 70 11534

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11534

1. NAME OF DECEASED (Type or Print): LAWRENCE D. HARE

2. DATE AND HOUR OF DEATH: 11/24/70 5:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE 13-48

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1429 W. 37th ST. #11

5. SEX: M 6. RACE: W. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4/6/08 9. AGE (In years last birthday): 62 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER.

10B. KIND OF BUSINESS OR INDUSTRY: AMERICAN BREWERY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 216-03-5915

17. INFORMANT: EVELYN M. HARE ADDRESS: 1429 W. 37th ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 HRS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC C-V DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). CHRONIC OBSTRUCTIVE PULM. DZ. — YEARS

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/22 19 70 to 11/24 19 70 that (I) (we) last saw the deceased alive on 11/24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert D. Menuse M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): LEONARD WALLENSTEIN M.D. DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11/27/70

24C. NAME of CEMETERY or CREMATORY: LORRAINE PARK

24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Jordan M.D.

25C. FUNERAL DIRECTOR: Paul E. Schnorrenberg Jr. ADDRESS: 3615 Chesterwood Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-520 70 11525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11525

OSLER-3

1. NAME OF DECEASED (Type or Print): MARY R. JOHNS

2. DATE AND HOUR OF DEATH: 11/24/70 9:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 108 N. Madeira Street 21231

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/27/12
9. AGE (In years last birthday): 58
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morgan Clark
14. MOTHER'S MAIDEN NAME: Clara Irvin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-26-5185
17. INFORMANT: Denton Johns — ADDRESS: 108 N. Madeira St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic kidney disease ? Etiology — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertension — ?

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 70 to 11/24 19 70, that (I) (we) last saw the deceased alive on 11/24 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): JEFFREY BRINKER M.D. DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Arbutus (Balto Co) Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Marshall W. Jones Jr. — ADDRESS: 1735 Harford Ave.

VS 150-REV. 1/1/68

HBD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-600 70 11536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11536

1. NAME OF DECEASED (Type or Print): PARR, BLANCHE CORBIN

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1970 4:55A .M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 28-54 21229
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 232 STONECROFT RD.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 04 23 87
9. AGE (In years last birthday): 83
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEWART'S
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL PHILLIPS
14. MOTHER'S MAIDEN NAME: CLARA (CREAMER)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213261366
17. INFORMANT: AVES. BALTO., MD. ADDRESS: 21229
ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma (Adenocarcinoma) of the Endometrium — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Months
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 10 1970 to NOVEMBER 26 1970 that (X) (we) last saw the deceased alive on NOVEMBER 26 1970 and that in (X) (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David A. Perry DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type): DAVID A. PERRY DEGREE
23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE
24D. LOCATION (City, town, or county): BALTO. (State): MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: WEBER FUNERAL HOME ADDRESS: 5311 EDMONDSON

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-520 70 11537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11537

1. NAME OF DECEASED (Type or Print): Florence Jones

2. DATE AND HOUR OF DEATH: 11-24-70 | 8:30 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. 730-Ashburton, St Balto, Md 21216

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 16-05
C. CITY OR TOWN: Balto, Md 21216
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2431-W-Lafayette, Ave

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 9-24-92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: MAGGIE CARTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-26-3051
17. INFORMANT: WM. CARTER — SAME
ADDRESS:

MEDICAL CERTIFICATION

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Cerebro vascular accident
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-26-70 19__ to 11-24-70 19__ 8:30 PM that (I) (we) last saw the deceased alive on 11-24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-24-70
23C. PHYSICIAN'S NAME (Type): Nassir SAGHAFI M.D. DEGREE
23D. ADDRESS: Lutheran Hosp. of Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PK.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: U. BAILEY KELSON F.H.
ADDRESS: 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

1

J-656 70 11528

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11528

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM H. TURNER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 24, 1970 Hour 3:05 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 3436 Auchentroly Terrace

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 13-04
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 3436 Auchentroly Terrace

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 9-24-1909
10. AGE (in years last birthday): 61
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. Bond

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 138-14-5078
18. INFORMANT: TOKER PENNY ADDRESS: 1506 Appleton St.

MEDICAL CERTIFICATION

19. I. 412.4 / 162.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cancer of Lung

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PK.
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: G. BAILEY ADDRESS: KELSON F. H. 1348 Calhoun St.

VS 151-REV. 1/1/68

S-530 70 11539

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11539

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BERNICE Q. STANBACK SMITH

2. DATE AND HOUR OF DEATH: NOVEMBER 24, 1970 6:30pm.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL, 1514 DIVISION STREET, BALTIMORE, MARYLAND 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 17-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 740 DOLPHIN STREET

5. SEX: FEMALE
6. RACE: BLACK
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-20-25
9. AGE (In years last birthday): 45
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ALEX QUICK
14. MOTHER'S MAIDEN NAME: ALICE REDDICK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 244-34-3726
17. INFORMANT: MARTHA WATSON - 2502 14th St, N.E. - D.C.
ADDRESS: LENETT PIERSON/DAU. 1521 N. APPLETON ST.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 571.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Laennec's Cirrhosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Septicemia ? — 10 days

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 14, 1970 to NOVEMBER 24, 1970 that (I) (we) last saw the deceased alive on NOVEMBER 24, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature], MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-28-70
23C. PHYSICIAN'S NAME (Type): VENIEDO ALIDIO, M.D. DEGREE
23D. ADDRESS: PROVIDENT HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PK.
24D. LOCATION (City, town, or county) (State): BALTO., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: V. BAILEY
ADDRESS: George Kolan - 1348 CALHOUN ST.

VS 150-REV. 1/1/68

J-525 70 11530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11530

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES JOHNSON

2. DATE AND HOUR OF DEATH: 11/24/70 9:41 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lincoln Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 13-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1106 Whitehall st

5. SEX: Male
6. RACE: Black
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 1-21-92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: MARY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-05-4270
17. INFORMANT: EMMA SHORTER — ADDRESS: 1616 BOOKER CT.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/22/65 19 to 11/24/70 19, that (I) (we) last saw the deceased alive on 11/24/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70

23C. PHYSICIAN'S NAME (Type): HOLLIS FERRARIE DEGREE
23D. ADDRESS: 1801 Greenberry Rd Balt, Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/27/70
24C. NAME of CEMETERY or CREMATORY: MT. AUBURN CEM.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: Kelson F.H.
ADDRESS: 1348 N. Calhoun St V. R. Bailey

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-520 70 11531

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11531

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HINES, ARTHUR

2. DATE AND HOUR OF DEATH: 11-24-70 1:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 5022 Denmore Ave. Apt 2A # 15
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5022 Denmore Ave. 27-98

5. SEX: M
6. RACE: Negroid
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7-25-15
9. AGE (In years last birthday): 55 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): N.C. - USA
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Hines
14. MOTHER'S MAIDEN NAME: Alice
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 244-10-2066A
17. INFORMANT: Carrie Hines Smith - daughter — ADDRESS: Same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 410.9 | 162.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction, old & recent
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Benign prostatic hypertrophy; Pleural effusion, right side; Malignancy, right lung?

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 10-25- 1970 to 11-24 1970 that I (we) last saw the deceased alive on 11-24 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11 24 70
23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/26/70
24C. NAME of CEMETERY or CREMATORY: Church Cemetery
24D. LOCATION (City, town, or county) (State): Washington, N.C.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Velma E. Bailey, Mgr
25C. FUNERAL DIRECTOR: Kelson F.H. V. Bailey — ADDRESS: 1348 Calhoun St.

VS 150-REV. 1/1/68

B-535 70 11532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11532

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Benton, Rita

2. DATE AND HOUR OF DEATH: 11/24/'70, [redacted] 3:15 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 23-01

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1327 Hanover St.

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/6/'21 9. AGE (In years last birthday): 49 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Weglein 14. MOTHER'S MAIDEN NAME: Anna Langan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 215-12-8924 17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 162.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory & Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: About 30 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of (R) Lung

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11/17/'70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Right Pneumonectomy

20A. AUTOPSY? (Yes or No): No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 10th 1970 to Nov. 24th 1970 that (I) (we) last saw the deceased alive on Nov. 24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gu Cherl Lee, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 11-24-'70

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11/28/70 24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery 24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970 25B. NAME OF REGISTRAR: Robert C. Talley, M.D. 25C. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

H-5525 70 11533

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11533

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Kenneth C. Henson

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 70 Hour 9:15 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
OD 2132 Mt. Royal Terrace

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 13-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2132 Mt. Royal Terr.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8-23-07
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Asbury Henson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Marion Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Ruth Henson ADDRESS: 2132 Mt Royal Terr.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 303.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic alcoholism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 11/24/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

J 5201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11534 REG. NO. 70 11534

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ODIE R. JONES

2. DATE AND HOUR OF DEATH: NOVEMBER 20, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL 40 CATON & WILKENS AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Balto Co. 53-0
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 353-B DUCKETT LANE

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-7-1906 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caster
10B. KIND OF BUSINESS OR INDUSTRY: Revere Copper & Brass Company
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOSEPH JONES
14. MOTHER'S MAIDEN NAME: CLARA TURNER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-10-0789
17. INFORMANT: A Martha F. Jones ADDRESS: 353-B Duckett Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cornary Pulmale; Pulmonary — 4 years
DUE TO, OR AS A CONSEQUENCE OF: empheysema
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): F.C. Caguin, M.D. DEGREE
23D. ADDRESS: 336 East 25th Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Faulkner
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

H 2001

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 11535

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11535

1. NAME OF DECEASED (Type or Print): HOKE, HENRY REED

2. DATE AND HOUR OF DEATH: NOVEMBER 22, 1970 2:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL
40 WILKENS & CATON AVES, BALTIMORE MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: HOWARD G 63-00
C. CITY OR TOWN: COLUMBIA
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5537 GREEN MOUNTAIN CIRCLE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10 01 94
9. AGE (In years last birthday): 76
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EDITOR-PUBLISHER
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES
14. MOTHER'S MAIDEN NAME: SARA REED
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 161 03 5122
17. INFORMANT: ST AGNES RECORDS
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary embolism + bilateral pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO, OR AS A CONSEQUENCE OF:
(B) post operative bifurcation graft of abd. aorta from rupture of aneurysm and anticoagulant failure
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Chronic renal disease

19A. DATE OF OPERATION: 11.18.70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: rupture abdominal aortic aneurysm
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from NOVEMBER 18, 1970 to NOVEMBER 22, 1970 that I (we) last saw the deceased alive on NOVEMBER 22, 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Lumbambuto MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11.22.70.
23C. PHYSICIAN'S NAME (Type): JESADA MUANGSOMBUT M.D. DEGREE
23D. ADDRESS: St. Agnes Hosp. Baltimore MD.

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: Nov. 25, 1970
24C. NAME of CEMETERY or CREMATORY: LONDON PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Tilley, M.D.
25C. FUNERAL DIRECTOR: HOWARD COUNTY FUNERAL HOME HARRY H. WITZKE
ADDRESS: HOWARD CO.

VS 150-REV. 1/1/68

S 636 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11536

1. NAME OF DECEASED (Type or Print): Ella Schroeder

2. DATE AND HOUR OF DEATH: 11-25-70 | 4:15 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto Co 53.00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3417 Gaither Road

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-25-06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James R Hayes
14. MOTHER'S MAIDEN NAME: ~~Haye~~ Mary Crowley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Not available
17. INFORMANT: Mr. Carl H. Schroeder, Husband
ADDRESS: 3417 Gaither Rd 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple Myeloma — 3 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 22 19 70 to Nov 25 19 70 that (I) (we) last saw the deceased alive on Nov 25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marcia Waterbury, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11-25-70
23C. PHYSICIAN'S NAME (Type): Marcia Waterbury MD DEGREE
23D. ADDRESS: Sinai Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME OF CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave.,
ADDRESS: 21228

VS 150-REV. 1/1/68

B 100 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

BIRTH NO. 70 11537 REG. NO. 70 11537

1. NAME OF DECEASED (Type or Print): Charles Delle Bovi

2. DATE AND HOUR OF DEATH: 3:30 P.M. 11/25/70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HOWARD CO. 63-00
C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER:

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/18/15 9. AGE (In years last birthday): 54 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SOCIAL SECURITY
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Delle Bovi
14. MOTHER'S MAIDEN NAME: NELLIE FASCIANI

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: WIFE ADDRESS:

MEDICAL CERTIFICATION

18. 191 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Glioblastoma Multiforme
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 10/5/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: BRAIN TUMOR
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☑
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/29/70 19 70 to 11/25 19 70 that (I) (we) last saw the deceased alive on 11/25/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles J. Lancelotta MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/25/70
23C. PHYSICIAN'S NAME (Type): CHARLES J. LANCELOTTA MD DEGREE
23D. ADDRESS: UNIVERSITY, MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: ST. RAYMONS CEMETERY
24D. LOCATION (City, town, or county) (State): BRONX, NEW YORK

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.
25C. FUNERAL DIRECTOR: HOWARD COUNTY FUNERAL HOME OF HARRY WITZKE
ADDRESS: ELLICOTT CITY, MD.

VS 150-REV. 1/1/68

P-620 70 11538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11538

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIZABETH PORZIO

2. DATE AND HOUR OF DEATH: 11/26/70 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: NEW JERSEY

B. COUNTY: V-27

C. CITY OR TOWN: BLOOMFIELD

D. INSIDE CITY LIMITS? YES ✓ NO

E. STREET AND NUMBER: 14 LA FRANCE AVE

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 4-01-92

9. AGE (In years last birthday): 78

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER ALBANESE

14. MOTHER'S MAIDEN NAME: JOSEPHINE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: MEDICAL RECORD

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 35 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C) INTRACEREBRAL BLEED

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

—

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): — No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: — While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that I (this hospital) attended the deceased from 10/22 1970 to 11/26 1970 that (I) (we) last saw the deceased alive on 11/26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: Lester A. Reid, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/26/70

23C. PHYSICIAN'S NAME (Typed): LESTER A. REID, MD DEGREE

23D. ADDRESS: UNION MEMORIAL HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): DEC. 1st. 1970 BURIAL

24B. DATE

24C. NAME of CEMETERY or CREMATORY: MT. OLIVET.

24D. LOCATION (City, town, or county) (State): BLOOMFIELD NEW JERSEY

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Frank Della Vose

ADDRESS: 322 S. HIGH ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-400 70 11539

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11539

1. NAME OF DECEASED (Type or Print): TERESA M. MILIO

2. DATE AND HOUR OF DEATH: 11/25/70 9·24 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY Hospital

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 3-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 912 Eastern Avenue

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 09-20-94

9. AGE (In years last birthday): 76

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –

10B. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dominic Bruno

14. MOTHER'S MAIDEN NAME: Anna Frotantuona

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Daughter

ADDRESS: same as above.

MEDICAL CERTIFICATION

18. 250.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ventricular fibrillation

DUE TO, OR AS A CONSEQUENCE OF:

(C) Septicaemia + Diabetes mellitus.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 1970 to 11/25 1970 that (I) (we) last saw the deceased alive on 9:24 pm 11/25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pratima Bose DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/25/70.

23C. PHYSICIAN'S NAME (Type): PRATIMA BOSE DEGREE

23D. ADDRESS: Mercy Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 11-28-70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Frank Della Noce

ADDRESS: 320 So. High

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-530 70 11540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11540

1. NAME OF DECEASED (Type or Print): Bennett, Clifton Jr.

2. DATE AND HOUR OF DEATH: 11/24/70 12:20 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 28-43

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4506 Norfolk Avenue

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/28/13

9. AGE (In years last birthday): 56

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: J. H. Hosp

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Bennett

14. MOTHER'S MAIDEN NAME: Ella ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-30-0659

17. INFORMANT: Susan Bennett

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Ca of colon with metastatic spread

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 70 to 11/24 19 70, that (I) (we) last saw the deceased alive on 19 and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Paul Whelton M.B. BCh BAO DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/24/70

23C. PHYSICIAN'S NAME (Type): Paul Whelton, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Buried

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk

24D. LOCATION (City, town or county) (State): Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 [redacted]

25B. NAME OF REGISTRAR: [redacted]

25C. FUNERAL DIRECTOR: Joseph E. Lock

ADDRESS: 1304 N. Central Ave

VS-150-REV. 1/1/68

RELEASED AS NON-MED BY M.E OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. K-455 70 11541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11541

1. NAME OF DECEASED (Type or Print): ANNIE KELLMAN

2. DATE AND HOUR OF DEATH: NOVEMBER 21, 1970 | 6:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BELVEDERE NURSING HOME

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 27-20

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3609 LABYRINTH ROAD, APT. 1 A

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-25-1886

9. AGE (In years last birthday): 83

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MENDEL EMBER

14. MOTHER'S MAIDEN NAME: REBECCA QUITT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MISS NAOMI KELLMAN, 3609 LABYRINTH RD., APT. A — ADDRESS

MEDICAL CERTIFICATION

18. 410.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — 5 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive CARDIO-VASCULAR DISEASE — At least 20 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from OCTOBER 15 1970 to NOVEMBER 21 1970, that (I) (~~we~~) last saw the deceased alive on NOVEMBER 20 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Melvin N. Borden MD (DEGREE) — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11/21/70

23C. PHYSICIAN'S NAME (Type): MELVIN N. BORDEN (DEGREE)

23D. ADDRESS: 5000 BALTIMORE NATIONAL PIKE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11-22-70

24C. NAME of CEMETERY or CREMATORY: BETH TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-432 70 11542

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11542

1. NAME OF DECEASED (Type or Print): Simon I. Goldstein

2. DATE AND HOUR OF DEATH: Nov. 22 1970 | 3:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 4-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: XXXXXXXXXXXXXXXXXX 400 W. SARATOGA STREET

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-18-1882
9. AGE (In years last birthday): 88
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman
10B. KIND OF BUSINESS OR INDUSTRY: Umbrella Manufacturer
11. BIRTHPLACE (State or foreign country): BALTIMORE Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph M. Goldstein
14. MOTHER'S MAIDEN NAME: XXXXXXXXX DORA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-32-6778
17. INFORMANT: MR. JOHN SELLERS, ESQ. XXXXXXXXXXXXXXXXXX
ADDRESS: 1 SOUTH CALVERT BLDG. XXXXXXXXXXXXXXXXXX

MEDICAL CERTIFICATION

18. 44.2

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ruptured abdom. aortic aneurysm
DUE TO, OR AS A CONSEQUENCE OF:
(B) Atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 21 1970 to Nov. 22 1970 that (I) (we) last saw the deceased alive on Nov. 22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Lowe, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov. 22, 1970
23C. PHYSICIAN'S NAME (Type): JOSEPH LOWE M.D. DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-23-70
24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

G-420

BIRTH NO. 70 11543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11543

1. NAME OF DECEASED (Type or Print): JOSEPH GILLIS

2. DATE AND HOUR OF DEATH: 11/23/70 9:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: BALTIMORE, MARYLAND B. COUNTY: 26-31

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4417 GLEN ARM AVE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: XXXXXXXXXXX

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXXXXXXX ORGANIZER

10B. KIND OF BUSINESS OR INDUSTRY: AFL

11. BIRTHPLACE (State or foreign country): PHILADELPHIA PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AARON GILLIS

14. MOTHER'S MAIDEN NAME: LEAH ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-03-8106A

17. INFORMANT: MRS. ESTHER GILLIS, c/o FRANK GILLIS, XXXXXX ADDRESS: 3700 OFFUTT ROAD, RANDALLSTOWN, MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcinoma, Gall Bladder

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11/13/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Jaundice Undet. Origin

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-8-70 1970 to 11/23 1970 that (I) (we) last saw the deceased alive on 11/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bayani B. Elma MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/23/70

23C. PHYSICIAN'S NAME (Type): BAYANI B. ELMA M.D. DEGREE

23D. ADDRESS: Md. Gen Hosp BALTIMORE, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11-25-70

24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN

24D. LOCATION (City, town, or county) (State): BALTIMORE, MRX MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-635 70 11544

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11544

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SARAH D. GORDON

2. DATE AND HOUR OF DEATH: NOVEMBER 24, 1970 about 6 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5438 LYNVIEW AVENUE

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 28-31

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5438 LYNVIEW AVENUE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH:

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LAZER BAER

14. MOTHER'S MAIDEN NAME: MOLLIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jack Gordon, ADDRESS: 3416 Olympia Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) H. C. V. D. — 7 years

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from December 20 1949 to Nov. 24 1970, that (I) (~~we~~) last saw the deceased alive on August 31, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Julius C. Gluck, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): JULIUS GLUCK, M.D. DEGREE

23D. ADDRESS: 5326 REISTERSTOWN ROAD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11-25-70

24C. NAME of CEMETERY or CREMATORY: SHAAREI TFILOH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. S-160 70 11545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11545

1. NAME OF DECEASED (Type or Print): SCHAPIRO, - HILDA BERNHARDT

2. DATE AND HOUR OF DEATH: 11-24-70 | 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE

C. CITY OR TOWN: RANDALLSTOWN D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 3312 JANVALE RD. #21207

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-X-10 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXXXXXXXTEACHER

10B. KIND OF BUSINESS OR INDUSTRY: PUBLIC

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: PHILIP BERNHARDT

14. MOTHER'S MAIDEN NAME: ANNA BARON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. ABRAHAM B. SCHAPIRO, ADDRESS: 3312 JANVALE RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of Lung metastatic from

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cancer of The Breast

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 24 19 70 to Nov. 24 19 70 that (I) (we) last saw the deceased alive on Nov. 24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jacinto V. de Borja M.D. DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ | 23B. DATE SIGNED: 11-24-70

23C. PHYSICIAN'S NAME (Type): JACINTO V. DE BORJA DEGREE | 23D. ADDRESS: Sinai Hosp. of Balto.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: 11-25-70 | 24C. NAME of CEMETERY or CREMATORY: AITZ CHAIM | 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970 | 25B. NAME OF REGISTRAR: Robert E. Fahey, M.D. | 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-450 70 11546

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11546

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): RUDOLPH SILHON SR. (OR) SILHAN

2. DATE AND HOUR OF DEATH: 11-25-70 | 3.45 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN: Rosedale
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5917 Shady Spring Road 21237

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 20 1900
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Silhan
14. MOTHER'S MAIDEN NAME: Ann UNK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.
17. INFORMANT: Rudolph Silhan Jr
ADDRESS: 4107 Glen Park Road 21236

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Uraemia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Brain Syndrome

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that ~~(I)~~ (we) last saw the deceased alive on _____ 19 ____ and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Patrick A Maloney MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov 28 70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Trump Mill Rd Balto Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: THE DIPPEL BROS INC
ADDRESS: 7110 BELAIR RD

VS 150-REV. 1/1/68

P-266 70 11547

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11547

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Margaret E. Pscherer

2. DATE AND HOUR OF DEATH: November 25 1970 | 5 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md
90 Edgewood Nursing Home
6000 Bellona Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore 53-00
C. CITY OR TOWN: Overlea
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Trumps Mill Road

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 16 1881
9. AGE (In years last birthday): 89
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Emeram T Pscherer
14. MOTHER'S MAIDEN NAME: Caroline Grebe
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 215-50-0435
17. INFORMANT: Harry Pscherer Trumps Mill Road
ADDRESS

MEDICAL CERTIFICATION

18. 412.20

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive C.V.D.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/18 1970 to 11/25 1970 that (I) (we) last saw the deceased alive on 11/25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony H. Carozza DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/70.
23C. PHYSICIAN'S NAME (Type): ANTHONY CAROZZA DEGREE
23D. ADDRESS: 5217 YORK ROAD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov 28 1970
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): 4430 Belair Road BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: THE DIPPEL BROS INC
ADDRESS: 7110 BELAIR RD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-422 70 11548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11548

1. NAME OF DECEASED (Type or Print): Helen K. Blackiston

2. DATE AND HOUR OF DEATH: Nov. 25, 1970 | 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U. of Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 12-02
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3024 N. Calvert St. B-6 #8

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-25-03
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SECRETARY
10B. KIND OF BUSINESS OR INDUSTRY: FEDERAL GOVERNMENT
11. BIRTHPLACE (State or foreign country): KENT Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES T. Blackiston
14. MOTHER'S MAIDEN NAME: FLORENCE KEYSER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-03-2364
17. INFORMANT: MRS. LUCILLE B. REIN DOLLAR
ADDRESS: Hosp. Chart. SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
410.9

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	8 days
DUE TO, OR AS A CONSEQUENCE OF:	ASCVD w/	
(B)	Myocardial Infarction	8 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	CVS Damage 2° to anoxia	8 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 70 to 11/25 19 70 that (I) (we) last saw the deceased alive on 11/25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Sappington, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/25/70
23C. PHYSICIAN'S NAME (Type): JOSEPH SAPPINGTON, M.D. DEGREE
23D. ADDRESS: U of Md. Hosp., BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

S-530

BIRTH NO. 70 11549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11549

1. NAME OF DECEASED (Type or Print): Smith, Elizabeth

2. DATE AND HOUR OF DEATH: Nov. 25, 1970 | 0 10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 9-08

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 504 E. 20th Street

5. SEX: F

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 01-22-11

9. AGE (In years last birthday): 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Chambers

14. MOTHER'S MAIDEN NAME: Estella Roades

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Bernice Kearney

ADDRESS: 5114 The Alameda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Terminal Colon cancer c̄ metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 17, 1970 to Nov. 25, 1970 that (I) (we) last saw the deceased alive on Nov. 25, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Wang, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Nov. 25, 1970

23C. PHYSICIAN'S NAME (Type): Chii Chuang Wang M.D. DEGREE

23D. ADDRESS: The Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-70

24C. NAME of CEMETERY or CREMATORY: Laurel Mem. Park

24D. LOCATION (City, town, or county) (State): Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Edwin S. H. 1129 N. Caroline St.

ADDRESS

VS 150-REV. 1/1968

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-420

BIRTH NO. 70 11550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11550

1. NAME OF DECEASED (Type or Print): Henry Coles

2. DATE AND HOUR OF DEATH: 11/26/70 1:15 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 5-01
C. CITY OR TOWN: Balto.,
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 311 N. East St.

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/2/92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Self - Employed - Hostel
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Coles
14. MOTHER'S MAIDEN NAME: Emma Daniel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Emma Dennis ADDRESS: 311 N. East St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
[This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.]

(A) IMMEDIATE CAUSE: ASCVD & demend
DUE TO, OR AS A CONSEQUENCE OF:
(B) pacemaker. atrial flutter
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/15/ 19 70 to 11/26 19 70 that (I) (we) last saw the deceased alive on 1:15 am 11/26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pratima Bose DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type): PRATIMA BOSE DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1129 N. Carey St.

VS 150-REV. 1/1/68

D-463

BIRTH NO. 70 11551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11551

1. NAME OF DECEASED (Type or Print): DILLARD, Howard Lewis

2. DATE AND HOUR OF DEATH: 11-27-70 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1538 Gorsuch Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-6-95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mabon Heights, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Calder Dillard
14. MOTHER'S MAIDEN NAME: Ellen Scott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 6-19-18 to 3-21-19
16. SOCIAL SECURITY NO.: 213-07-00-63
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1959

(A) IMMEDIATE CAUSE: METASTATIC CARCINOMA OF NECK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Yr

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 25, 19 70 to November 27, 19 70 that (I) (we) last saw the deceased alive on November 27, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: William H. Barker, Jr. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-28-70
23C. PHYSICIAN'S NAME (Type): WILLIAM H. BARKER, JR. M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12 2 70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: Albert L. Cohen
ADDRESS: 2302 W North Ave Bmore 16 Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11552

M-244

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11552

1. NAME OF DECEASED (Type or Print): BERNARD McCLELLAND

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 11 Day: 27 Year: 70 Hour: M.

3. DATE PRONOUNCED DEAD — Month: November Day: 27 Year: 1970 Hour: 5:35 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2304 Rockwell Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8/8/55
10. AGE (In years last birthday): 15 — If Under 1 Yr. Months / Days / Hours / Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Bernard A. McClelland
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ruth Schuhart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mr. Bernard A. McClelland, ADDRESS: 2304 Rockwell Ave

MEDICAL CERTIFICATION

19. E922X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Shotgun wound of chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 20 ft. on dirt road off Rock Haven Road
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 5:07 P. m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot accidentally while hunting

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970 Robert E. Fabian M.D.
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 1630 Edmondson Ave., 21228

VS 151-REV. 1/1/68

N 875.1

F-534 70 11553

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11553

1. NAME OF DECEASED (Type or Print): FAUNTLEROY, NINA M.

2. DATE AND HOUR OF DEATH: 11 26 70 | 11:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES-BALTO., MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 16-05
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2406 WINCHESTER ST-APT E

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9 24 33
9. AGE (In years last birthday): 37
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL SERV.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: WELFORD JONES
14. MOTHER'S MAIDEN NAME: (LAWS)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 231 32 1023
17. INFORMANT: Elmer Fauntleroy ADDRESS: BALTO., MD. 21229 ST AGNES HOSP., WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 430.9 Subarachnoid hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ≈ 5 days.

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF: Aneurysm of anterior communicating artery

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11-24-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Aneurysm of ant. comm. a.
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 11 17 19 70 to 11 26 19 70 that I (we) last saw the deceased alive on 11 26 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (didn't) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: V. 27. 70
23C. PHYSICIAN'S NAME (Type): JESADA MUANGSOMBUT MD DEGREE
23D. ADDRESS: ST AGNES HOSP., BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Willies Chapel
24D. LOCATION (City, town, or county) (State): Lancaster Co. Virginia

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Earl Gilmore Funeral Home
ADDRESS: 1827 Gilmore North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-431

BIRTH NO. 70 11554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11554

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Edward Julio Zaldivar

2. DATE AND HOUR OF DEATH: Nov 26, 1970 | 5:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Hosp.

2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balti Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1925 Englewood Dr.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/17/45
9. AGE (In years last birthday): 25
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): display
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cuba
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Zaldivar
14. MOTHER'S MAIDEN NAME: Mary Pereira
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 264-68-9339
17. INFORMANT: Jennie Zaldivar
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

204.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Bronchopneumonia	1 wk
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Acute lymphatic leukemia	4 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 7 19 66 to Nov 26 19 70 that (I) (we) last saw the deceased alive on Nov 26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Roger Little, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type): R. Roger Little MD DEGREE
23D. ADDRESS: U.S. Public Health Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 11-26-70
24C. NAME of CEMETERY or CREMATORY: Rivero Funeral Home
24D. LOCATION (City, town, or county) (State): 600 W. Flagler St. Miami-Fla.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John T. Stansbury, Sr.
ADDRESS: 6411 Windsor Mill Rd.

VS 150-REV. 1/1968

G-430 70 11555

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11555

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Marion Gould

2. DATE AND HOUR OF DEATH: November 27 1970 2.30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House of the Pines BeLair Road 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5-3-00
C. CITY OR TOWN: Parkville
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3041 Moreland Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 8, 1889
9. AGE (In years last birthday): 81
If Under 1 Yr. Months: Days: Hours: If Under 24 Hrs. Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Tyomas Kelly
14. MOTHER'S MAIDEN NAME: Margaret Sherry
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bettie Deibel ADDRESS: 3017 Texas Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I 1B. 412.4 / 250.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-6 yrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus — 3-4 yrs

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 1947 to 27 Nov 1970 that (I) (~~we~~) last saw the deceased alive on 26 November 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Howard Goodman DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 27 November 1970
23C. PHYSICIAN'S NAME (Type): Howard Goodman DEGREE
23D. ADDRESS: 8604 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-1970
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: C. F. Evans & Son ADDRESS: 8802 Harford Road

VS 150-REV. 1/1/68

R-246 70 11556

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11556

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Cora Frances Reisler

2. DATE AND HOUR OF DEATH: November 19, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 12-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2935 St. Paul St

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/6/1881
9. AGE (In years last birthday): 89
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian
10B. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William A. Wilkins
14. MOTHER'S MAIDEN NAME: Victoria Leavitt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-18-3402
17. INFORMANT: Mrs. Ruby M. Harvey — ADDRESS: 2935 St. Paul ST.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 437.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Old stroke — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2+ years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1967 19 to Nov 19 1970, that (I) (~~we~~) last saw the deceased alive on Aug 11 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/20/70
23C. PHYSICIAN'S NAME (Type): LOUIS E. HAMBURGER JR MD DEGREE
23D. ADDRESS: 1001 St. Paul St. Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21/70
24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld — ADDRESS: 6500 York rd

VS 150-REV. 1/1/68

J-525

70 11557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11557

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS. KATHERINE H. JENKINS

2. DATE AND HOUR OF DEATH: NOV. 20, 1970 M.

CERTIFICATE AMENDED 12-7-70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION / IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): EDGEWOOD NURSING HOME, 90 BELLONA AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 11-02
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 524 N. CHARLES STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: JAN. 31, 1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY LIMPERT
14. MOTHER'S MAIDEN NAME: AUGUSTA RAEKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-7493-B
17. INFORMANT: MRS. D. J. HOLLOWAY ADDRESS 5904 WILMARY LA.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 250.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Myocardial Infarction Massive
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic CVD
DUE TO, OR AS A CONSEQUENCE OF:
Diabetes Mellitus

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 10 19 70 to Nov 20th 19 70, that (I) (we) last saw the deceased alive on Nov 20, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Willard Appleyard DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Willard Appleyard DEGREE
23D. ADDRESS: 6619 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/24/70
24C. NAME of CEMETERY or CREMATORY: MORELAND MEMO PK.
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Tackey, M.D.
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS 6500 YORK RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Dr. Willard Applefeld
12-7-70 M.H.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-600 70 11558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11558

1. NAME OF DECEASED (Type or Print): ORR, Robert B. V

2. DATE AND HOUR OF DEATH: 23 november 1970. | 11.30 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union memorial Hospital 33 rd and Calvert street Baltimore Md 21218.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore County 53-00
C. CITY OR TOWN: Towson.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1500 Boyce Avenue Towson maryland 21204

5. SEX: male
6. RACE: white.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 02-14-27
9. AGE (In years last birthday): 43. | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer.
10B. KIND OF BUSINESS OR INDUSTRY: westinghouse Electric.
11. BIRTHPLACE (State or foreign country): maryland.
12. CITIZEN OF WHAT COUNTRY? American.
13. FATHER'S NAME: ORR, John.
14. MOTHER'S MAIDEN NAME: Lydia wright.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-20-8919
17. INFORMANT: medical records of Union memorial hospital. ADDRESS

MEDICAL CERTIFICATION

18. 172.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: brain metastasis. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several months
DUE TO, OR AS A CONSEQUENCE OF:

(B) malignant melanoma. — 1½ - 2 Years.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-14-70. 19 70. to 11/23 19 70 that (I) (we) last saw the deceased alive on 11/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Fatih Salih Zada, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 23 November 1970.
23C. PHYSICIAN'S NAME (Type): FATIH SALIH ZADA, M.D. DEGREE
23D. ADDRESS: Union memorial hospital Baltimore Md 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/70
24C. NAME of CEMETERY or CREMATORY: Tolonay Valley Mem Gd.
24D. LOCATION (City, town, or county) (State): Cockeysville Balto Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Foxley M.D.
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

W-256 70 11559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11559

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WAGNER, RAYMOND WILLIAM

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1970 7:10 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: ANNE ARUNDEL CO

C. CITY OR TOWN: GLEN BURNIE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 710 CRAIN HGWY 21061

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-07-08

9. AGE (In years last birthday): 62

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE

10B. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE WAGNER DEC'D

14. MOTHER'S MAIDEN NAME: (GARREIS) PAULINE DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213 03 1181

17. INFORMANT: RECORD'S BALTIMORE MD 21229 ADDRESS

ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Anuria — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Anuria — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Obstructive Nephropathy — 20 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Status Post Ureterectomy Nephrolithiasis — over 20 years

19A. DATE OF OPERATION: 1950

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Nephrolithiasis

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(We)~~ attended the deceased from NOVEMBER 24, 19 70 to NOVEMBER 26, 19 70 that (I) ~~(We)~~ last saw the deceased alive on NOVEMBER 26, 19 70 and that in ~~(my)~~ ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Alejandro Mejia MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): ALEJANDRO, MEJIA MD DEGREE

23D. ADDRESS: St. Agnes Medical Center

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: George J. Gonce 4001 Ritchie Hgy. Baltimore, Md. 21225 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-530 70 11560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11560

1. NAME OF DECEASED (Type or Print): SMITH, MARY

2. DATE AND HOUR OF DEATH: NOVEMBER 25, 1970 9:00A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 53-00

C. CITY OR TOWN: LANSDOWNE ~~BALTIMORE~~

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2411 ZION RD 21227

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 05/05/24

9. AGE (In years last birthday): 46

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Millard

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. John W. Smith, Jr. ADDRESS: 2411 Zion Road 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

519.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ac resp failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe restrictive + obstructive

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pul disease — Corpulmonale

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 24 19 70 to NOVEMBER 25 19 70 that (I) (we) last saw the deceased alive on NOVEMBER 25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M Abul MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11-25-70

23C. PHYSICIAN'S NAME (Type): Muhammad Abul MD DEGREE

23D. ADDRESS: BALTIMORE, MD 21229 ST. AGNES HOSPITAL; CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-28-1970

24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

I-425

BIRTH NO. 70 11561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11561

1. NAME OF DECEASED (Type or Print): ILGENFRITZ, HOWARD

2. DATE AND HOUR OF DEATH: 11 25 70 1:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 20-05

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2674 DULANEY ST. BALTO. MD. ~~XXXXX~~ 21223

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 07/28/01

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: Enterprize ELECTRICAL CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACKSON ILGENFRITZ DEC'D

14. MOTHER'S MAIDEN NAME: MARY LANG DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 10 7882

17. INFORMANT: Mr. Howard A. Ilgenfritz, 2911 Grovehill Road ST. AGNES HOSPITAL RECORDS 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ac. M.I

DUE TO, OR AS A CONSEQUENCE OF:

(B) and C.H.F

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 23 1970 to NOVEMBER 25 1970 that (I) (we) last saw the deceased alive on NOVEMBER 25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: MUHAMMAD AFZAL MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 11-25-70

23C. PHYSICIAN'S NAME (Type): Muhammad Afzal DEGREE

23D. ADDRESS: BALTO. MD. 21229 ST. AGNES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-30-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Tuckey, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

70 11562 BALTIMORE CITY HEALTH DEPARTMENT

S-365 BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11562

1. NAME OF DECEASED (Type or Print): DOROTHY STRONG E

2. DATE OF DEATH: Known [X] Estimated [ ] Month November Day 25 Year 1970 Hour 3:00 P.M.

3. DATE PRONOUNCED DEAD: Month November Day 25 Year 1970 Hour 3:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-53
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2301 Grove Street

6. SEX: Female
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 11-17-1900
10. AGE (In years last birthday): 70
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Plattsburg, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Theodore

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr. Newton Strong, 2301 Grove Street 21230 ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

4 36.9

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-1970
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Cemetery
24D. LOCATION (City, town, or county) (State): Cockeysville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229 ADDRESS

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-300

BIRTH NO. 70 11563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 11563

1. NAME OF DECEASED (Type or Print): ROTHE, FRIEDA MARTHA

2. DATE AND HOUR OF DEATH: NOVEMBER 25, 1970 10:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

40 ST.AGNES HOSPITAL
WILKENS & CATON AVE.
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND
B. COUNTY: Baltimore Co. 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1205 ELMRIDGE AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07-12-~~97~~ 96
9. AGE (In years last birthday): ~~73~~ 74
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOMEMAKER
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEOPOLD KRAKOWSKY DEC'D
14. MOTHER'S MAIDEN NAME: ANNA (STAHL) DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ST.AGNES HOSPITAL, WILKENS & CATON AVE. ADDRESS #21229

MEDICAL CERTIFICATION

1B. 412.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Rt haemorrhagic infarct of Parietal + temporal lobe (massive)
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 20 1970 to NOVEMBER 25 1970 that (I) (we) last saw the deceased alive on NOVEMBER 25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): M. Abue MD DEGREE
23D. ADDRESS: BALTIMORE, MARYLAND 21229
ST AGNES HOSPITAL-WILKENS AVE. & CATON

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Avenue 21229 ADDRESS

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-400 70 11564

REG. NO. 70 11564

1. NAME OF DECEASED (Type or Print): Leroy Ellsworth Buohl

2. DATE AND HOUR OF DEATH: 11-24-70 12:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 26-33

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3002 Brendon Ave.

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-29-1902

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Sandler Hardware

11. BIRTHPLACE (State or foreign country): ~~xxxxxx~~ Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Buohl

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 166-12-4108

17. INFORMANT: Moriet Perry Buohl, wife, above

ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 188X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Bladder with Generalized Metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: December 1969

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from August 12 1970 to November 24 1970, that ~~(I)~~ (we) last saw the deceased alive on November 24 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Peter H Rheinstein, MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: November 24, 1970

23C. PHYSICIAN'S NAME (Type): PETER H. RHEINSTEIN, M.D DEGREE

23D. ADDRESS: 1111 PARK AVENUE, BALTIMORE, MD 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/27/70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: SchimunekFuneral Home, Inc.

ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-420 70 11565

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11565

1. NAME OF DECEASED (Type or Print): Alyce Alyse Louise Falise

2. DATE AND HOUR OF DEATH: 11/24/70 | 7:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: ? Balto Co. 53-00
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ ? NO ☐
E. STREET AND NUMBER: 1033 Beechfield Ave

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/12/03
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Montgomery Ward
11. BIRTHPLACE (State or foreign country): ~~XXX~~ Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Toomey
14. MOTHER'S MAIDEN NAME: Esther Morris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-20-0731
17. INFORMANT: Frank J. Falise
ADDRESS: 412 Hopkins Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 347.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Intracranial Surgery
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Posterior Fossa Exp.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11/20/70

19A. DATE OF OPERATION: 11/20/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Increased Pressure
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/4 1970 to 11/24 1970 that (I) (we) last saw the deceased alive on 11/24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David M. Cook DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-545 70 11566

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11566

1. NAME OF DECEASED (Type or Print) Tomlinson, Lizzie MAE

2. DATE AND HOUR OF DEATH 11/25/70 8 20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md B. COUNTY 12-04

C. CITY OR TOWN Baltimore 21218 D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 100 E 20th St

5. SEX Female 6. RACE WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 30 SEPT 05 9. AGE (In years last birthday) 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY Homemaker

11. BIRTHPLACE (State or foreign country) NORTH CAROLINA 12. CITIZEN OF WHAT COUNTRY? American U.S.A

13. FATHER'S NAME ROY JOB STANLEY

14. MOTHER'S MAIDEN NAME AMANDA ANDERSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service) - - - - - - -

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT Irene Garrett ADDRESS 102 E. 20th St Baltimore, Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE bleeding internally externally

DUE TO, OR AS A CONSEQUENCE OF:

lungcancer c metastasis

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8.00 approx.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 70 to 11/25 19 70 that (I) (We) last saw the deceased alive on 11/24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Jose C Fazekas MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED 11/25/70

23C. PHYSICIAN'S NAME (Type) FAZEKAS N.D DEGREE 23D. ADDRESS U.M.H.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 27 NOV 70 24C. NAME of CEMETERY or CREMATORY Baltimore National Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. NOV 30 1970 25B. NAME OF REGISTRAR Robert E. Jackey M.D. 25C. FUNERAL DIRECTOR J. E. Lowell Lemmon ADDRESS 6500 York Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-200 70 11587

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11587

1. NAME OF DECEASED (Type or Print): JESSE LEACH B.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 25 Year 1970 Hour 11:45 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BON SECOURS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 412 S. Bentalou Street

6. SEX: Male 1

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 73 If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): LOUISIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER

14B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes. (If yes, give war or dates of service): 1917-1919

17. SOCIAL SECURITY NO.: 217-07-6704

18. INFORMANT: MRS. ELIZABETH F. LEACH ADDRESS: 412 S. BENTALOU ST. BALTO. MD. 21223

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Pulmonary Tuberculosis

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 11/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-28-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave.

VS 151-REV. 1/1/68

1

70 11568

B-260

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11568

1. NAME OF DECEASED (Type or Print): MARY BAKER

2. DATE OF DEATH: Known ☒ Estimated ☐ Month: Nov. Day: 24 Year: 1970 Hour: M.

3. DATE PRONOUNCED DEAD: Month / Day / Year: November 24, 1970 Hour: 10:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Howard 60 63.00

6. SEX: Female

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Columbia

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Oct. 14, 1917

10. AGE (In years last birthday): 53 — If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 5184 Evenstar Place

11. BIRTHPLACE (State or foreign country): Lebannon, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Pretz

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

14B. KIND OF BUSINESS OR INDUSTRY: School system

15. MOTHER'S MAIDEN NAME: Carolyn Tawney

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Jose ph Baker ADDRESS: 5184 Evenstar Place

MEDICAL CERTIFICATION

19. E8120

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple Traumatic Injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rte. 40 and Bethney Lane Howard County, near Ellicott City

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-24-70 8:30 A.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Driver in auto-truck collision

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 11/24/1970

24C. NAME of CEMETERY or CREMATORY: East Harrisburg cemetery

24D. LOCATION (City, town, or county) (State): Harrisburg, Pa.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Robert J. Monahan ADDRESS: Gettysburg, Pa.

VS 151-REV. 1/1/68

N 864.0

C-460

BIRTH NO. 70 11569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11569

1. NAME OF DECEASED (Type or Print): CULLER, ANNA EMMA

2. DATE AND HOUR OF DEATH: 11-24-70 0.50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hosp of Baltimore, 42 Baltimore, MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: U.S.A. BALTO 53.00
C. CITY OR TOWN: Baltimore ESSEX
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1706 Oakfield Av. #21

5. SEX: Female
6. RACE: W American
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-11-11
9. AGE (In years last birthday): 59 yrs.
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: THOMAS EDGAR
14. MOTHER'S MAIDEN NAME: REBINA EWING

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: William C. Culler
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ~~From~~ Respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebrovascular - stroke

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11-9-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal obs.
20A. AUTOPSY? (Yes) or (No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11-6 1970 to 11-24 1970 that (I) (we) last saw the deceased alive on 11-24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Benchasil DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-24-70
23C. PHYSICIAN'S NAME (Type): SAKDA BENCHASIL DEGREE
23D. ADDRESS: Sinai Hosp of Baltimore MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 11/27/70
24C. NAME of CEMETERY or CREMATORY: NEW KENSINGTON
24D. LOCATION (City, town, or county) (State): NEW KENSINGTON PA.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: R. C. Jackson M.D.
25C. FUNERAL DIRECTOR: A. D. Connelly Sons
ADDRESS: 3000 Sisgood Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-610 70 11570

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11570

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ellen M. Herpy

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 Day: 27 Year: 70 Hour: 3:20 a.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 27 Year: 70 Hour: 3:20 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

48

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 12-05

6. SEX: Female

7. RACE: Caucasian

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2-23-1900

10. AGE (In years last birthday): 70

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1800 N. Charles St. - Apt. 64A

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ????

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse-- R-N

14B. KIND OF BUSINESS OR INDUSTRY: Hospital

15. MOTHER'S MAIDEN NAME: ????

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mr. Paul Koykka, ## ADDRESS: 12609 Bangor Avenue Gardield Hgts, Ohio

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

#12.4 V-E890X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Conflagration

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1800 N. Charles St. Apt. 64A

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 2:56 a.m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Conflagration in home

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-1-1970 ##-

24C. NAME of CEMETERY or CREMATORY: Edgewood Cemetery

24D. LOCATION (City, town, or county) (State): Ashtabula, Ohio

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: [signature] M.D.

25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, ADDRESS: 1050 York Road Towson, Md. 21204

VS 151-REV. 1/1/68

N 949.0

Letter from M.E.'s office 1-19-71 M.H.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-635

BIRTH NO. 70 11571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11571

1. NAME OF DECEASED (Type or Print): ARLIE J. FORTNEY JR

2. DATE AND HOUR OF DEATH: 11/22/70 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNION MEMORIAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 12-05
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1829 N. CHARLES ST.

44

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/5/12
9. AGE (In years last birthday): 58
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED - No Occup.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~UNKNOWN~~ ARLIE J. FORTNEY SR
14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ HELEN REBECCA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): ~~UNKNOWN~~ WW II
16. SOCIAL SECURITY NO. 217-09-9055
17. INFORMANT: MARVIN BYRD ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) ~~Acute~~ Fatty Metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/21 1970 to 11/22 1970 that (I) (~~we~~) last saw the deceased alive on 11/22 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lester A. Reid, M.D. DEGREE
Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): LESTER A. REID M.D. DEGREE
23D. ADDRESS: UNION MEM. HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 11/28/70
24C. NAME of ~~CEMETERY~~ or CREMATORY: Ft. LINCOLN
24D. LOCATION (City, town, or county) (State): P. G. CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: R.C.C. [illegible]
25C. FUNERAL DIRECTOR: [illegible] & Son
ADDRESS: 21228

VS 150-REV. 1/1/68

S-430 70 11572

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11572

1. NAME OF DECEASED (Type or Print): Rachel Slitt

2. DATE AND HOUR OF DEATH: 11/26/70 1 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: George Washington Nursing Home

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 607 Pennsylvania Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: DC

B. COUNTY: V-48

C. CITY OR TOWN: Washington

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1114 5th St NE apt 109

5. SEX: Female

6. RACE: Black

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/18/1900

9. AGE (In years last birthday): 70

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Davis

14. MOTHER'S MAIDEN NAME: Julia Valner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-34-3616T

17. INFORMANT: Chart

ADDRESS:

MEDICAL CERTIFICATION

18. 412.3

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: cerebral arteriosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerotic heart disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) arteriosclerosis generalized — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/2 1967 to 11/26 1970 that (I) (we) last saw the deceased alive on 11/26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Macht DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11/26/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/27/70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary

24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: Arthur McCormick

ADDRESS: 2502 W. NORTH AVE. 16

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-540 70 11573

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11573

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): BESSIE M. MANUEL

2. DATE AND HOUR OF DEATH: November 25, 1970 12 Noon M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 914 Quantril Way

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 26-34

C. CITY OR TOWN: Baltimore 21205 D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 914 Quantril Way

5. SEX: Female 6. RACE: Cau 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 6, 1915 9. AGE (In years last birthday): 55 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10B. KIND OF BUSINESS OR INDUSTRY: Packing House

11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME: Flore Greer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: 194 22 9856

17. INFORMANT: Russell E. Manuel ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cachexia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) Adrenal Breast Carcinoma — 3-4 yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1968 to Nov 1970, that (I) (we) last saw the deceased alive on Oct 8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Raymond D Bahr DEGREE M.D. Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/26/70

23C. PHYSICIAN'S NAME (Type): RAYMOND D BAHR DEGREE M.D.

23D. ADDRESS: #7 Buckspont Ct

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 11/27/70

24C. NAME of CEMETERY or CREMATORY: Wright Funeral Home

24D. LOCATION (City, town, or county) (State): Damascus, Virginia

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Tilden, M.D.

25C. FUNERAL DIRECTOR: Thomas F. Kruszewski

ADDRESS: Pruszdzinski Funeral Home 1407 Eastern Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-100 70 11574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11574

1. NAME OF DECEASED (Type or Print): HOFF, MABEL SAVILLA

2. DATE AND HOUR OF DEATH: 22nd Nov. 1970 | 10. 55P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Carroll Co 56.27

C. CITY OR TOWN: WEST MINISTER. D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 10 N CHURCH STREET

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-06-04

9. AGE (In years last birthday): 66 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE-WIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN H. BROWN.

14. MOTHER'S MAIDEN NAME: FANNIE M. ~~HELWIG~~ HYMILLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 220-01-4621A

17. INFORMANT: WILLIAM F. HOFF ADDRESS: 10 N. CHURCH ST WESTMINSTER

MEDICAL CERTIFICATION

18. 484 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Interstitial pneumonia. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary edema. — DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). R.D.

19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No): YES | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-19-1970 to 11-22-1970. that (I) (we) last saw the deceased alive on 11-22-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ | 23B. DATE SIGNED: 11.22.70.

23C. PHYSICIAN'S NAME (Type) DEGREE | 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: 11/25/66 | 24C. NAME of CEMETERY or CREMATORY: Pipe Creek Cemetery | 24D. LOCATION (City, town, or county) (State): Rural New Windsor Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970 | 25B. NAME OF REGISTRAR: Robert E. Tolley M.D. | 25C. FUNERAL DIRECTOR: L. S. Myers, Jr. ADDRESS: Myers Funeral Home Westminster, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11575

BIRTH NO. D-120 70 11575

1. NAME OF DECEASED (Type or Print): Carrie L. DAVIS

2. DATE AND HOUR OF DEATH: 11-25-70 12:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 27-68
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 513 WALKER AVENUE 21212

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-22-82
9. AGE (In years last birthday): 88
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~GEORGE XXXXX~~ Alexander Noble
14. MOTHER'S MAIDEN NAME: ~~MARY XXXXXXXX~~ Nettie Burton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-38-3070
17. INFORMANT: Mrs Eva L Price
ADDRESS: 1032 Evesham Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 532.1		
(A)	IMMEDIATE CAUSE: Renal Failure	3 days
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Perforated Duodenal Ulcer	14 days
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Heart disease, Stroke

19A. DATE OF OPERATION: 11-11-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Perforated Ulcer
20A. AUTOPSY (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11-11 1970 to 11-25 1970, that (I) (we) last saw the deceased alive on 11-25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leon C Parks MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-25-70
23C. PHYSICIAN'S NAME (Type): Leon C Parks MD DEGREE
23D. ADDRESS: Johns Hopkins Hosp, Balt. Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-420 70 11576

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11576

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): HARRY A. WILLS

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November, Day: 25, Year: 1970, Hour: M.

3. DATE PRONOUNCED DEAD — Month: November, Day: 25, Year: 1970, Hour: 10:14 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5600 Plymouth Road

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Dec 14, 1906
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry B Wills

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Parts Mgr
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Clara B Anderson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs Dolores C Wills
ADDRESS: Same

MEDICAL CERTIFICATION

19. 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore, Md

VS 151-REV. 3/1/68

1

70 11578

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

P-412 BIRTH NO.

REG. NO. 70 11578

1. NAME OF DECEASED (Type or Print): Lonnie J. Phillips Sr.

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 26 Year: 70 Hour: 5:25 p.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 26 Year: 70 Hour: 5:25 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto. 27-35

6. SEX: male 4

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [ ] NO [X]

9. DATE OF BIRTH: 11/5/18

10. AGE (In years last birthday): 52
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 7101 Harford Road

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Blaine Phillips

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moving

14B. KIND OF BUSINESS OR INDUSTRY: Moving Business

15. MOTHER'S MAIDEN NAME: Etta Greene

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W 2

17. SOCIAL SECURITY NO.: 283 18 6469

18. INFORMANT: Mrs. Rosemary Phillips — ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Peter Lipkovic, M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]

DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Hereford Baptist

24D. LOCATION (City, town, or county) (State): Hereford Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Balto. Md.

VS 151-REV. 3/1/68

1

W-200 70 11577

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 11577

1. NAME OF DECEASED (Type or Print): KENNETH WEEKS

2. DATE OF DEATH: Known [X] Estimated [ ] Month November Day 26 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 26 Year 1970 Hour 3:50 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-45
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 6111 Moyer Avenue

44 99

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: April 27 19
10. AGE (In years last birthday): 12 58
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: George W. Weeks
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk
14B. KIND OF BUSINESS OR INDUSTRY: Pa. R.R.
15. MOTHER'S MAIDEN NAME:
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Julia Ann Budd ADDRESS: 5504 Greenfield Ave. Balto. Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E890X

(A) IMMEDIATE CAUSE: Smoke inhalation
DUE TO, OR AS A CONSEQUENCE OF:
(B) Conflagration
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 27-45 6111 Moyer Avenue - 1st floor rear
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-26-70 3:10 A. m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] (2)
22F. HOW DID INJURY OCCUR? In fire apparently caused by careless smoking

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md.

VS 151-REV. 1/1/68

N987.9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P-660 70 11579

REG. NO. 70 11579

1. NAME OF DECEASED (Type or Print): ALBERT PRYOR

2. DATE AND HOUR OF DEATH: Nov. 26, 1970 | 8 45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-12

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2907 Shirey Avenue

5. SEX: male

6. RACE: caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7/13/1895

9. AGE (In years last birthday): 75

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mail carrier

10B. KIND OF BUSINESS OR INDUSTRY: U.S. mail

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Pryor

14. MOTHER'S MAIDEN NAME: Unkown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W.1

16. SOCIAL SECURITY NO.: 216 44 1737

17. INFORMANT: Mrs. Albert Pryor, ADDRESS: 2907 Shirey Ave,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO, OR AS A CONSEQUENCE OF: —

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF: —

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) —

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: 0 —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from May 20 1970 to Nov 26 1970 that (I) (~~we~~) last saw the deceased alive on Nov 25 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: G. Sawyer Jr. M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/27/70

23C. PHYSICIAN'S NAME (Type): Dr. George J. Sawyer, Jr. DEGREE

23D. ADDRESS: 4808 Harford Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11580

G-460

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11580

1. NAME OF DECEASED (Type or Print): Frederick Henry Goeller Sr.

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 26 Year: 70 Hour: 8:45 p.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 26 Year: 70 Hour: 8:45 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

44

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-32

6. SEX: male

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: May 12, 1891

10. AGE (In years last birthday): 79
If Under 1 Yr. or Under 24 Hrs. — Months: Days: Hours: Min.:

E. STREET AND NUMBER: 4308 Valley View Ave.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Goeller

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Anna Sohrandner

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):

17. SOCIAL SECURITY NO.: 214-34-4579

18. INFORMANT: Fannie Goeller — ADDRESS: same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E880X

(A) IMMEDIATE CAUSE: Cranio cerebral injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cerebral vascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4308 Valley View Ave. 26-32

22D. TIME OF INJURY (APPROX.) (Month): 11 (Day): 26 (Year): 70 (Hour): 8:15 p.m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Subject fell down attic steps.

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]

DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Balto. Md.

VS 151-REV. 1/1/68

N 854.0

W-400 70 11581

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11581

1. NAME OF DECEASED (Type or Print): KATIE WILLE

2. DATE AND HOUR OF DEATH: Nov. 27, 1970 | 12.20 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HOUSE IN THE PINES BELAIRE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 8-31

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2860 Pelham Ave, 21213

5. SEX: female 6. RACE: caucasian 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 9-29-79 9. AGE (In years last birthday): 91 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sunbury, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: O'Brien

14. MOTHER'S MAIDEN NAME: Honora

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Herbert M. Wille, ADDRESS: 2860 Pelham Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ATHEROSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

440.9 I

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/30 19 63 to 11/27 19 70 that (I) (we) last saw the deceased alive on 11/16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert E. May MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/27/70

23C. PHYSICIAN'S NAME (Type): Dr. Robert E. May DEGREE

23D. ADDRESS: 5662 The Alameda, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/28/70

24C. NAME of CEMETERY or CREMATORY: Oaklawn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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M-522 70 11582

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11582

1. NAME OF DECEASED (Type or Print): LOUIS MANOUSOS

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November Day: 25 Year: 1970 Hour: M.

3. DATE PRONOUNCED DEAD — Month: November Day: 25 Year: 1970 Hour: 4:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1015 Homewood Avenue

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 10-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1015 Homewood Avenue

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Unknown
10. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? Greece
13. FATHER'S NAME: Thomas Manousos

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Market
14B. KIND OF BUSINESS OR INDUSTRY: Grocery
15. MOTHER'S MAIDEN NAME: Niki Viangas

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mr William Viangas
ADDRESS: 3202 Northern Pkwy

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: 4127 Arteriosclerotic cardiovascular dixease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Greek Orthodox
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Balto. Md

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-625 70 11583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11583

1. NAME OF DECEASED (Type or Print): William Jochu Morrison.

2. DATE AND HOUR OF DEATH: Nov 27 1970 | 8 25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-48
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1319 E Northern Parkway

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/18/97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Gov Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. D. Morrison
14. MOTHER'S MAIDEN NAME: Mary E. Martin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-05 2344
17. INFORMANT: Ruth E. Morrison
ADDRESS: 1319 Northern PKY Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Squamous cell Ca of bladder. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sept 70
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASCVD — years.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NA
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 11/13 1970 to 11/27 1970 that I (we) last saw the deceased alive on Nov. 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joel Barry Alperstein DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov 27 1970
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Presbyterian Cem
24D. LOCATION (City, town, or county) (State): Emmitsburg, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.
ADDRESS: Balto. Md.

VS 150 REV. 1/1968

W-452 70 11584

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 11584

REG. NO. [redacted]

1. NAME OF DECEASED (Type or Print): Williams Brooks

2. DATE AND HOUR OF DEATH: 11-28-70 4AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Harbor View N e C

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY: 6-03

C. CITY OR TOWN: BALTO. Md

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 205 N Collington Ave

5. SEX: Male

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 3-17-05

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ben William

14. MOTHER'S MAIDEN NAME: Lucy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-2047

17. INFORMANT: Chart.

ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I 437.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Osteoarthritis Decubitus ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 19 19 70 to Nov. 28 19 70 that (I) (we) last saw the deceased alive on Nov. 28 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Holen dm Sabun Mrs. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11-28-70

23C. PHYSICIAN'S NAME (Type): ROLENDA SABUN Mrs. DEGREE

23D. ADDRESS: Harbor View Nursing Hom.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Adolphus Halstead

ADDRESS: 1206 W North Ave

1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. T-512 70 11585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11585

1. NAME OF DECEASED (Type or Print): Graft R. Thompson

2. DATE AND HOUR OF DEATH: Nov. 29, 1970 | 5 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4/ Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 9-08
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2019 Cecil Ave.

5. SEX: M 6. RACE: W C 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 04-04-09 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Thompson
14. MOTHER'S MAIDEN NAME: Dora White 70 11586
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Alberta Anderson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 250.9

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO, OR AS A CONSEQUENCE OF: Chronic Renal Insufficiency
(B) ~~Diabetes Mellitus~~ — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus ~~gmT/yS~~ ?

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). ? Sepsis 2° Gangrene (R) great toe

19A. DATE OF OPERATION: 11/17/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Gangrene Great toe (L)
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-17-70 19 70 to 11-29 19 70 that (I) (we) last saw the deceased alive on 11/29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Omar D. Crothers III MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/29/70
23C. PHYSICIAN'S NAME (Type): Omar D. Crothers III MD DEGREE
23D. ADDRESS: Union Memorial Hosp. Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Wm C. MARCH ADDRESS: 928 E Monument Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-251 70 11586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11586

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HIGGINBOTHAM, Emma B.

2. DATE AND HOUR OF DEATH: Nov. 27, 1970 4:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 328 Worsley Street 21218

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-23-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: ~~XXXXXX~~ Clara

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Admission Record ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerosis generalized — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) osteoarthritis — year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/30 1969 to 11/27 1970, that (I) (we) last saw the deceased alive on 11/27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan Macht DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 11/29/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 26 Reed St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Wm C March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-360 70 11587 Registered No. 70 11587

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Nancy A. Nutter

2. DATE AND HOUR OF DEATH: 11/24/70 12;05 a M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1017 E. Preston Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 10-01
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 1017 E. Preston Street

5. SEX: Female
6. RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widow
8. DATE OF BIRTH: 5-17-82
9. AGE (In years last birthday): 88
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: William Rancher
14. MOTHER'S MAIDEN NAME: Mariah
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Sarah Nutter ADDRESS: 1017 E. Preston St.

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 4/2.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) SENILITY

DUE TO

(B) CARDIO VASCULAR DISEASE

DUE TO

(C) HYPERTENSION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from 10/16 1968 to 11/23 1970, that (I) (we) last saw the deceased alive on 11/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert K. Laforest M.D. Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): Albert L. Laforest M.D.
23D. ADDRESS: 822 N. Bond Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Mt. ~~Auburn~~ CALVARY Cemt.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Wm. C. March ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/65

SAB-41-62-56

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-525 70 11588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11588

1. NAME OF DECEASED (Type or Print): Johnson, Isaiah.

2. DATE AND HOUR OF DEATH: 11/27/70 | 11:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-09
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2901 Mt. Holly Street 21216

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-6-1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Lucy Estrige
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-14-5364A
17. INFORMANT: Mr. & Mrs. Joseph (Joan) Coursey
ADDRESS: 4205 Oakford Ave.
Records: BCH-4940 Eastern Avenue 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cardiorespiratory arrest. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) pulmonary Embolus? pneumonia?
DUE TO, OR AS A CONSEQUENCE OF:
(C) CHF; paget disease, ca of lung? - C.O.P.D

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
ca of prostate? bone metastases, back pain? path. Fx.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/4 1970 to 11/27 1970 that (I) (we) last saw the deceased alive on 11/27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: MAZZI DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): Edvardo Mazzi — Edvardo Mazzi DEGREE
23D. ADDRESS: 4940 Eastern Ave., Baltimore, Md. City Hospitals, Baltimore 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr.
ADDRESS: 1735 Harford Ave. 21213

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-562 70 11589

REG. NO. 70 11589

1. NAME OF DECEASED (Type or Print): ARTHUR CONYERS

2. DATE AND HOUR OF DEATH: 11-26-70 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 9-09

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER: 1243 E. LANVALE ST.

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-24-18 9. AGE (In years last birthday): 51 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Wallace H. Himble & Company

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD CONYERS

14. MOTHER'S MAIDEN NAME: MARY SINGLETON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 248-26-1594

17. INFORMANT: Mrs. Dorothy Conyers ADDRESS: 1243 E. Lavale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiopulmonary arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebrovascular accident

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hemorrhage

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hypertension

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from Nov 5 1970 to Nov 26 1970, that I (we) last saw the deceased alive on Nov 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. DeWayne Andrews MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11-26-70

23C. PHYSICIAN'S NAME (Type): M. DEWAYNE ANDREWS MD DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-1-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Avenue 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P652 1

RELEASED BY MEDICAL EXAMINER / DR. SCHWARTZ

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11590 REG. NO. 70 11590

1. NAME OF DECEASED (Type or Print): PRYMAK KSENA — KSENA PRYMAK
2. DATE AND HOUR OF DEATH: 11/26/70 — 6 45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD. B. COUNTY: BALTIMORE 9-02 C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 503 E. 36TH. STREET

44

5. SEX: FEMALE 6. RACE: CAUCASIAN 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 1-15-94 9. AGE (In years last birthday): 76 If Under 1 Yr. Months: 10 Days: 11 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): UKRANIAN 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SIMON KOKOR 14. MOTHER'S MAIDEN NAME: UNKNOWN Anna Mandiuk
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 3. 17. INFORMANT: MR. JOSEPH PRYMAK ADDRESS: 1573 E. 36TH. ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

(A) IMMEDIATE CAUSE: ASCVD & CHF + Atrial fibrillation — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Mesenteric occlusive Disease

DUE TO, OR AS A CONSEQUENCE OF: (Confirmed at Exploratory)

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (+) ASD-tap (Serosanguin fluid)

19A. DATE OF OPERATION: 11/26/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute Abdomen 20A. AUTOPSY? (Yes or No): NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 11/25 1970 to 11/26 1970 that I (we) last saw the deceased alive on 11/26 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: David A. Schwartz DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 11/26/70.
23C. PHYSICIAN'S NAME (Type): DAVID S. SCHWARTZ DEGREE 23D. ADDRESS: UNION MEMORIAL HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-30-1970 24C. NAME of CEMETERY or CREMATORY: St. Michael Ukranian 24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland
25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970 25B. NAME OF REGISTRAR: Robert E. Lackey M.D. 25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

1

M 600

70 11591

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11591

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARTHUR L. MOORE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 26, 1970 Hour 7:20 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 311 South Sharp Street

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: 22-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 311 South Sharp Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Nov. 21, 1927
10. AGE (In years last birthday): 43 If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKN.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ellie Ruby Moore

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 231-24-3734
18. INFORMANT: LEaTon Moore ADDRESS: Apt. 2B Mcg. 11 Pulaski, Va.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

011.3

(A) IMMEDIATE CAUSE: Pulmonary tuberculosis, (Active)
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 28, 1970
24C. NAME of CEMETERY or CREMATORY: Oakwood, Cem.
24D. LOCATION (City, town, or county) (State): Pulaski Va.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Geo. L. Schwab, Inc.
ADDRESS: 2101 Fred Ave Balto., Md.

VS 151-REV. 1/1/68

S-315

BIRTH NO. 70 11592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11592

1. NAME OF DECEASED (Type or Print): STEVENSON, Victoria

2. DATE AND HOUR OF DEATH: Nov. 28, 1970 | 3:45 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing & Convalescent Ctr. Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 17-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 720 Druid Hill Dr. Apt. 5-D

5. SEX: F
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-24-02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H.. Pinkney
14. MOTHER'S MAIDEN NAME: Emma Pinkney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-32-0273
17. INFORMANT: John Coates -son
ADDRESS: Admission Record 804 Stricker St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 410.9

(A) IMMEDIATE CAUSE: Recurrent Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 mo

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

CVA — (c) Hyperpyrexia — 1 mo

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-25-70 19 to 11-28-70 19, that (I) (we) last saw the deceased alive on 11-27-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Nyzwik DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-28-70
23C. PHYSICIANS NAME (Type): Theo. T. NYZWIK DEGREE
23D. ADDRESS: 429 S Chester St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Vernon K. Bailey
ADDRESS: Kelson Funeral Home 1342 N. Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-652 70 11593

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11593

BIRTH NO.

43/99

1. NAME OF DECEASED (Type or Print): Reginald Algern Drones

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November, Day: 26, Year: 1970, Hour: M.

3. DATE PRONOUNCED DEAD — Month: November, Day: 26, Year: 1970, Hour: 1:45 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2376 Seaman Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 6-1-46
10. AGE (In years last birthday): 24
If Under 1 Yr. or Under 24 Hrs. — Months: Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leon Drones
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Davison Chem. Co.
15. MOTHER'S MAIDEN NAME: Emma Cotton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 241-76-8551
18. INFORMANT: Russia Drones — ADDRESS: same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E985X

(A) IMMEDIATE CAUSE: Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2376 Seaman Avenue
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-26-70 12:17 A. m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? ?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Talbey M.D.
25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H.
ADDRESS: 1348 N. Calhoun St.

VS 151-REV. 1/1/68

N 875.1

L-260

BIRTH NO. 70 11594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11594

1. NAME OF DECEASED (Type or Print): Mary C. Lacher

2. DATE AND HOUR OF DEATH: 11-28-70 6 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 12-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3408 Oakenshaw Place

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-6-1888
9. AGE (In years last birthday): 81
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lacher
14. MOTHER'S MAIDEN NAME: Anna Maria Schulz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-46-9005T
17. INFORMANT: Miss Elizabeth Lacher
ADDRESS: Same

MEDICAL CERTIFICATION

1B. 410.9

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial infarction — Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 19 63 to November 19 70 that (I) ~~(we)~~ last saw the deceased alive on October 19 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: A. Allan Speir DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): Dr. A. Allan Speir DEGREE
23D. ADDRESS: 1501 Pentridge Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-520 70 11595

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11595

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HERBERT P. JONES,

2. DATE AND HOUR OF DEATH: November 28TH 1970 | 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL
44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY: 27-55
C. CITY OR TOWN: BALTIMORE.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1900 FAIRBANK ROAD BALTIMORE

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-06-28
9. AGE (In years last birthday): 41 yrs. | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER - STATE
10B. KIND OF BUSINESS OR INDUSTRY: ROADS COMMISSION
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES P. JONES.
14. MOTHER'S MAIDEN NAME: EVELYN BATZER.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-24-0561
17. INFORMANT: MRS. MARY H. JONES
ADDRESS: (SAME)

MEDICAL CERTIFICATION

CAUSE OF DEATH

I. 250.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory failure.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Diabetes mellitus c̄ renopathy and neuropathy.
DUE TO, OR AS A CONSEQUENCE OF:

(C) congested heart failure,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-22 19 70 to 11-28 19 70 that (I) (we) last saw the deceased alive on 11-28 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tzen-chi Fan Chiang DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-28-70.
23C. PHYSICIAN'S NAME (Type): TZEN-CHI FAN-CHIANG, DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL 33RD & CALVERT STS.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

BIRTH NO. O-620

70 11596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11596

1. NAME OF DECEASED (Type or Print): Frank Cromwell Orrick

2. DATE AND HOUR OF DEATH: 11-26-70 9:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4204 Roland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 27-14
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4204 Roland Ave.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-10-1887
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Roland Pk. Realty
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Smith Orrick
14. MOTHER'S MAIDEN NAME: Nancy Hilton

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 233-03-2511
17. INFORMANT: Mr. John C. Orrick
ADDRESS: Same

MEDICAL CERTIFICATION

18. 250.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Dis. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 YRS
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Diabetes Mellitus — 11 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from FEB 25 1948 to Nov 26 1970 that (I) (~~we~~) last saw the deceased alive on Nov 3 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John M. Scott DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): Dr. John Scott DEGREE
23D. ADDRESS: 600 W. Belvedere Ave.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME OF CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Lawrence E. Jaffey M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11597

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11597

BIRTH NO. M-460

1. NAME OF DECEASED (Type or Print): Alvin E. MILLER

2. DATE OF DEATH — Known ☐ Estimated ☑ — Month: 10 Day: 10 Year: 70 Hour: 2:00 P.M.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 10 Year: 70 Hour: 4:09 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: 00-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: unknown

6. SEX: M 7. RACE: White 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH 10. AGE (In years lost birthday): 46 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of Liver
~~DUE TO, OR AS A CONSEQUENCE OF:~~

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz M.D. — Deputy CHIEF MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐ DATE SIGNED: 10.11.70

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 11-24-70 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, & county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970 25B. NAME OF REGISTRAR: Robert E. Barber M.D. 25C. FUNERAL DIRECTOR ADDRESS

MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

D-400 70 11598 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11598

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Daley

2. DATE OF DEATH: Known ☐ Estimated ☑ Month 10 Day 10 Year 70 Hour 4:45 P.M.

3. DATE PRONOUNCED DEAD: Month 10 Day 10 Year 70 Hour 4:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1747 Belt St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 24-04

6. SEX: M
7. RACE: W
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 73
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1747 Belt St.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arterio sclerotic Cardio Vascular Disease.
~~DUE TO, OR AS A CONSEQUENCE OF:~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): NO.

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D. Deputy
EXAMINER'S NAME (Type): Werner U. Spitz
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10. 11. 70

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 11-24-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, State or Country, State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
26. NAME OF FUNERAL DIRECTOR
27. ADDRESS

MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

T-400 70 11599

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70-11541 REG. NO. 70 11599

1. NAME OF DECEASED (Type or Print): Michael E. Tolly

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 10 Day 27 Year 70 Hour 9:15 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 19-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1802 Ramsey St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH
10. AGE (In years last birthday)
If Under 1 Yr. If Under 24 Hrs. Months: 3 Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden Death in Infancy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/27/70

24A. BURIAL CREMATION REMOVAL (Specify): MEDICAL B/S
24B. DATE: 11/24/70
24C. NAME of CEMETERY or CREMATORY: CITY MORGUE
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/68

39-81-05 1ca

B-420

BIRTH NO. 70 11600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11600

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROXIE E. BLAKE

2. DATE AND HOUR OF DEATH: 11/28/70 9:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3017 Clifton Avenue

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-16-1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Smith
14. MOTHER'S MAIDEN NAME: Arelia Lewis
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-18-3013A
17. INFORMANT: Mr. James A. Parker
ADDRESS: 3615 Fairview Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months
DUE TO, OR AS A CONSEQUENCE OF:
(B) Atherosclerotic Heart Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Old Cerebrovascular Accidents — years ago

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/10th 1970 to Nov 28th 1970 that (I) (we) last saw the deceased alive on Nov 28th 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James K. H. Yeung MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11/28 70
23C. PHYSICIAN'S NAME (Type): JAMES K. H. YEUNG MD DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

B-635 70 11601

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11601

1. NAME OF DECEASED (Type or Print): DOLORES I. BURTON

2. DATE AND HOUR OF DEATH: 11/27/70 10 28 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 15-47
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3016 Elgin Ave.

5. SEX: F
6. RACE: N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/11/30
9. AGE (In years last birthday): 40
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Boston
14. MOTHER'S MAIDEN NAME: Susan Mooney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-30-2751
17. INFORMANT: Mr. Jerome Burton
ADDRESS: 3016 Elgin Avenue

CAUSE OF DEATH

1B. 5-37.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ? Lactic Acidosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) —

DUE TO, OR AS A CONSEQUENCE OF:

(C) —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): pyloric obstruction — 1 month

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 10/21/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: pyloric obstruction
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 10/12 19 70 to 11/27 19 70, that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: GJ Berakha MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): GEORGE T. BERAKHA MD DEGREE
23D. ADDRESS: JHH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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F-452 70 11602 BALTIMORE CITY HEALTH DEPARTMENT 70 11602

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Alice Tyler Flannigan (Flanagan)

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 Day: 27 Year: 70 Hour: 12:25 a.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 27 Year: 70 Hour: 12:25 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 19-01
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 106 N. Bruce St.

6. SEX: female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7-1-1894
10. AGE (In years last birthday): 76 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Howard Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Simms
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Home
15. MOTHER'S MAIDEN NAME: Carrie Simms
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
17. SOCIAL SECURITY NO.: 220-30-1100
18. INFORMANT: Mr. James H. Carter ADDRESS: 1719 W. Lexington St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of cervix
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970 [signature]
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

1

70 11603

W-623

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11603

1. NAME OF DECEASED (Type or Print): MITCHELL WRIGHT

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November, Day: 25, Year: 1970, Hour: 12:00 P.M.

3. DATE PRONOUNCED DEAD — Month: November, Day: 25, Year: 1970, Hour: 12:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4117 Rogers Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 11-18-1943
10. AGE (In years last birthday): 27
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Wright, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Essie Mae Wright

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr. Fred Wright — ADDRESS: 104 N. Fremont Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965.X

(A) IMMEDIATE CAUSE: Gunshot wound of nose with perforation of brain

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 21
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): House
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2223 Callow Avenue 13-02

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-25-70 3:00 A.m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Shot during altercation

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. — ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

N 573.3

1

L-512 70 11604

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11604

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE LUMPKIN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — November 4, 1970 9:04 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1716 Harlem Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 16-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1716 Harlem Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 4-8-1903
10. AGE (In years last birthday): 67 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Athens, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unk.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Katie Lumpkin
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
17. SOCIAL SECURITY NO. 212-22-9184
18. INFORMANT: Mrs. Mary Gilmore ADDRESS: 1711 Harlem Avenue

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

B-240 70 11605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11605

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WALTER BEASLEY

2. DATE AND HOUR OF DEATH: 11-26-70 @ 8 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nsg. + Convalescent Center 1400 John St. Balto. Md. 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 16-04

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 706 N. Appleton St.

5. SEX: M

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12-25-96

9. AGE (In years last birthday): 73

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction worker

10B. KIND OF BUSINESS OR INDUSTRY: Coal yards

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service) 7/18/18 - 7/8/19

16. SOCIAL SECURITY NO.: 218-10-3056

17. INFORMANT: Pt's chart - Bolton Hill ADDRESS

MEDICAL CERTIFICATION

18. 412.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral hemorrhage L. left — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10/22/70

DUE TO, OR AS A CONSEQUENCE OF: hemiplegia

(B) DUE TO, OR AS A CONSEQUENCE OF: Hypertensive cardiovascular — years

(C) arteriosclerosis generalized — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/18 19 70 to 11/26 19 70, that (I) (we) last saw the deceased alive on 11/26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]

23B. DATE SIGNED: 11/27/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E READ ST Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/1/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Morton & Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-656 70 11606

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11606

1. NAME OF DECEASED (Type or Print): MARTHA FARMER

2. DATE AND HOUR OF DEATH: NOVEMBER 24, 1970 | 6:00 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL 1514 DIVISION STREET BALTIMORE, MARYLAND 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 13-01

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 934 BROOKS LANE APT. A1

5. SEX: FEMALE

6. RACE: BLACK

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 4-18-99

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia, Crewe

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Johnson

14. MOTHER'S MAIDEN NAME: Alice Johnson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 223-01-5575

17. INFORMANT: MRS. MARGARET WILSON/ Dau.

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 433.9 CVA Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Renal failure — 12 days

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 12, 19 70 to NOVEMBER 24, 19 70 that (I) (we) last saw the deceased alive on NOVEMBER 24, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature], M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11-24-70

23C. PHYSICIAN'S NAME (Type): VENIEDO ALIDIO M.D. DEGREE

23D. ADDRESS: PROVIDENT HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-30-70

24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970

25B. NAME OF REGISTRAR: [signature], M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.

ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-650

BIRTH NO. 70 11607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11607

1. NAME OF DECEASED (Type or Print): PAULINE ELIZABETH GORHAM

2. DATE AND HOUR OF DEATH: Nov. 25, 1970 | 5:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND 38 HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 21-37
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 230 N. MONASTERY AVE

5. SEX: F
6. RACE: NEGRO
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/5/27
9. AGE (In years last birthday): 43
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD KINTAR
14. MOTHER'S MAIDEN NAME: Reva Burris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. James A. Gorham
ADDRESS: 230 N. Monastery Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
394.9	(A) IMMEDIATE CAUSE: SEPTIC SHOCK	DAYS
	DUE TO, OR AS A CONSEQUENCE OF: POST-OPERATIVE PNEUMONIA + URINARY TRACT INFECTION	DAYS
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C) MITRAL VALVE DISEASE	YEARS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/10/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: MITRAL VALVE DISEASE
20A. AUTOPSY? (Yes or No): ~~Yes~~ NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 1 1970 to Nov 25 1970 that (I) (we) last saw the deceased alive on Nov 25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles M. Harrison MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Nov 25, 1970
23C. PHYSICIAN'S NAME (Type): CHARLES M. HARRISON MD DEGREE
23D. ADDRESS: UNIV. OF MARYLAND HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: Morton & Dyott F. H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

J-525 70 11608

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11608

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Nicholas D. Jameson

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 27 Year: 70 Hour: 8:45 a. M.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 27 Year: 70 Hour: 8:45 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 1-02
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 313 S. Ellwood Avenue

6. SEX: male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12/6/85
10. AGE (In years last birthday): 84
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Demetrios

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restauranteur
14B. KIND OF BUSINESS OR INDUSTRY: Restaurant
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 291-18-9406
18. INFORMANT: Mrs. Sophia Jameson ADDRESS: 313 S. Ellwood Ave., Baltimore, Md.

MEDICAL CERTIFICATION

19. 412.4 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]
DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Talley
25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave., Baltimore, Md.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-163 70 11609 Ruth G Favorite

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11609

1. NAME OF DECEASED (Type or Print): Ruth Georgia Favorite

2. DATE AND HOUR OF DEATH: Nov 28, 1970 | 4:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~Sykesville~~ Carroll 56:00
C. CITY OR TOWN: Sykesville
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: R.D.# 3--Box 501

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 5, 1907
9. AGE (In years last birthday): 63
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dixon, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Owens
14. MOTHER'S MAIDEN NAME: Anna Koch
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 176-07-9330
17. INFORMANT: Henry J. Favorite, Sykesville, Md. R.D.# 3 ADDRESS Box 501

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 445.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Dysrhythmia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Atherosclerotic Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
d) multiple emboli & gangrene of extremities
e) renal tubular acidosis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21/70 19 70 to 11/28 19 70 that (I) (we) last saw the deceased alive on 11/28 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carlton B Davis M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/28/70
23C. PHYSICIAN'S NAME (Type): Carlton B. Davis DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 2, 1970
24C. NAME of CEMETERY or CREMATORY: New St. Joseph's
24D. LOCATION (City, town, or county) (State): Emmitsburg, Frederick Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Clarence E. Nelson ADDRESS: Emmitsburg, Md.

VS 150-REV. 1/1/68

W-250

BIRTH NO. 70 11610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11610

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FRANK S. WAYSON

2. DATE AND HOUR OF DEATH: November 27, 1970 | 7 21 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1006 Bristol Place, Baltimore, Maryland 21225

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-05
C. CITY OR TOWN: Brooklyn
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1006 Bristol Place

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-19-1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Wayson
14. MOTHER'S MAIDEN NAME: Frances Wayson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 220-03-1097
17. INFORMANT: Mrs. Margaret Pfeiffer, 9125 Winding Way 21043 — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary Atherosclerosis — 6 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Cerebral thrombosis, rt — 6 yrs

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6 Oct 1964 to 27 Nov 1970 that (I) (~~we~~) last saw the deceased alive on 20 Nov 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 28 Nov 70
23C. PHYSICIAN'S NAME (Type): Marvin H. Davis DEGREE
23D. ADDRESS: 8507 Liberty Road, Randallstown Md 21133

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-1970
24C. NAME of CEMETERY or CREMATORY: Trinity Chapel Esp. Cemetery
24D. LOCATION (City, town, or county) (State): Howard County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229 — ADDRESS

VS 150-REV. 1/1/68

C-623

BIRTH NO. 70 11611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11611

1. NAME OF DECEASED (Type or Print): Creighton LLoyd B.

2. DATE AND HOUR OF DEATH: 11/27/70 | 6:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): univ. Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-72
C. CITY OR TOWN: Balt.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3032 Elizabeth Avenue 21230

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/1/28
9. AGE (In years last birthday): 42
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~XXXXXXXXXXXXXXXXXXXXXX~~ JEREMIAH CREIGHTON
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXXXXXXXXXXXXXX~~ Ardella Parks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 217-24-6162
17. INFORMANT: Mrs. Florence M. Creighton, 3032 Elizabeth Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Dissecting Thoracic aorta aneurysm
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

441.0

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23 19 70 to 11/27 19 70 that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Shafii M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): E. ShAFii DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): GlenBurnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-514 70 11612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11612

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CAMPBELL, Lawrence F.

2. DATE AND HOUR OF DEATH: 11/27/70 7:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 26-53

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4613 CLAREWAY #21213

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 02-13-37

9. AGE (In years last birthday): 33

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD F. CAMPBELL

14. MOTHER'S MAIDEN NAME: BARBARA CARR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-34-0668

17. INFORMANT: Mr. Richard F. Campbell, 1907 Deering Ave.

ADDRESS: 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Diabetic ketoacidosis and hyperosmotic coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

Diabetes mellitus — 6 yrs

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25 19 70 to 11/27 19 70, that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas A. Greene MD, DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/27/70

23C. PHYSICIAN'S NAME (Type): Douglas A. Greene, MD, DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-1-1970

24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 [redacted]

25B. NAME OF REGISTRAR: [redacted]

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-324 70 11613 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 11613

1. NAME OF DECEASED (Type or Print): JOHN R. MITCHELL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 28, 1970 Hour 7:05 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-09

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: July 2-1888

10. AGE (In years last birthday): 82

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 813 S. Eaton Street

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY: Continental Can

15. MOTHER'S MAIDEN NAME: Barnes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 217-01-4874

18. INFORMANT: Anna Mitchell ADDRESS: 813 S. Eaton St.

MEDICAL CERTIFICATION

19. E887X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fracture Cervical Vertebra

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 813 S. Eaton Street 26-09

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-28-70 6:30 P. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject fell at home

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-2-70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Helena A. Hoffmann ADDRESS: 3218 Hudson St.

VS 151-REV. 1/1/68

N 805.D

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-620 70 11614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11614

1. NAME OF DECEASED (Type or Print): John Robert Morris / John MORRIS

2. DATE AND HOUR OF DEATH: 27 NOV. 1970 | 9:50 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42 Sinai Hospital, Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Maryland, Baltimore County 53-00
C. CITY OR TOWN: OWINGS Mills
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Shipes Lane Shipes Lane, 21117

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 24 Oct. 1898
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Morris Tree Co.
11. BIRTHPLACE (State or foreign country): Green County, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gennest Morris
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 230-01-8761
17. INFORMANT: Mrs. Katie Belle Morris, ADDRESS 9304 Migan Road, Randallstown, Md.

MEDICAL CERTIFICATION

18. 492 X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cardiac Arrest / Cardiac fibrillation
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic lung disease / Pulmonary emphysema (severe)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 26 NOV. 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute femoral art. occlusion
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 26 Nov. 1970 to 27 Nov. 1970 that (I) ~~(we)~~ last saw the deceased alive on 27 Nov 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: MMeessen DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 27 NOV. 1970
23C. PHYSICIAN'S NAME (Type): Dr M. MEESSEN DEGREE
23D. ADDRESS: SINAI HOSP Balto Sinai Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Good Sheppard Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Howard, Md. 21043

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Tolley M.D.
25C. FUNERAL DIRECTOR: Loring Byers, ADDRESS 8728 Liberty Rd. Randallstown, Md

VS 150-REV. 1/1/68

C-612 70 11615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11615

BIRTH NO.

1. NAME OF DECEASED (Type or Print): David V. Carbaugh

2. DATE AND HOUR OF DEATH: 11/27/1970 | 12:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Carroll Co 56-00

C. CITY OR TOWN: Taneytown 21787

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Taney Heights Drive

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/28/1893

9. AGE (In years last birthday): 77

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Carbaugh

14. MOTHER'S MAIDEN NAME: Hannah Wantz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-36-8265-A

17. INFORMANT: Mrs. Ethel M. Carbaugh, Taneytown, Rd. (Md.) ADDRESS: Taney Heights Drive. 21787

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 185X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: disseminated intravascular coagulation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of prostate — ? 5 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Rheumatic heart disease — 40+ yrs

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/23 1970 to 11/27 1970, that (I) ~~(we)~~ last saw the deceased alive on 11/27 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Parker W. Espenschade MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): PARK W. ESPENSCHADE JR MD DEGREE

23D. ADDRESS: 8 ANCHOR STREET, WESTMINSTER MARYLAND 21157

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: Trinity Lutheran Cemetery

24D. LOCATION (City, town, or county) (State): Taneytown, Carroll Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Richard A. Little ADDRESS: Littlestown, PA.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Dr Jesada

K-656

BIRTH NO. 70 11616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11616

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KRAMER, JOSEPH HENRY SR.

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1970 8:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL CATON & WILKENS AVE 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE Co. 5 3.00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2525 OLD FREDERICK RD. 21228

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 07-27-90
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE MAN
10B. KIND OF BUSINESS OR INDUSTRY: ELECTRIC CO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HERMAN JOSEPH KRAMER
14. MOTHER'S MAIDEN NAME: MARY (GEISON) GEISNER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.: 212-05-5872
17. INFORMANT: AVENUE BALTO MD. 21229 ADDRESS: ST. AGNES HOSPITAL CATON & WILKENS

MEDICAL CERTIFICATION

18. 55.3.20

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Heart failure — 2 days.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Post operation for intestinal obstruction. — 2 days.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Ventral hernia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11-25-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Relief intestinal obstruction & repair hernia
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 24 1970 to NOVEMBER 26 1970 that (I) (we) last saw the deceased alive on NOVEMBER 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature]
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11 26 70
23C. PHYSICIAN'S NAME (Type): JESADA MUANGSOMBUT MD DEGREE
JESADA MUANGSOMBUT MD
23D. ADDRESS: ST. AGNES HOSPITAL CATON & WILKENS AVE. BALTO MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: BALTO NATIONAL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: E. S. MacNabb
ADDRESS: 301 Frederick Rd Balto Md 21228

VS 150-REV. 1/1/68

1

70 11617

M-540

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11617

1. NAME OF DECEASED (Type or Print): JOSEPH P. MANUEL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 28 Year 1970 Hour 4:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel
C. CITY OR TOWN: Baltimore Linthicum
D. INSIDE CITY LIMITS? YES ☒ NO ☐ 53.00
E. STREET AND NUMBER: 316 Ardmore Road

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 11/16/22
10. AGE (In years last birthday): 48
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Manuel
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Nellie Zumbro
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W. II
17. SOCIAL SECURITY NO. 714-18-3619
18. INFORMANT: Gloria Manuel ADDRESS: 316 Ardmore Rd

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Ambrose Inc.
ADDRESS: 1328 Sulphur Sp. Rd.

VS 151-REV. 7/1/68

S-532 70 11618

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11618

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Edna I. Sentz

2. DATE AND HOUR OF DEATH: November 27, 1970 3 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3827 Hickory Avenue Baltimore, Md. 21211

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 13-07
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3827 Hickory Avenue, 21211

5. SEX: Fe 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 8. DATE OF BIRTH: Dec 5, 1889 9. AGE (In years last birthday): 80yrs If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Alfred Hill
14. MOTHER'S MAIDEN NAME: Burkins

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 218-50-5238
17. INFORMANT: Miss Edna R. Sentz ADDRESS: 3827 Hickory Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diabetes — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Diabetes 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

250.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1936 19 37 to 11-27 19 70, that (I) (~~we~~) last saw the deceased alive on 11-27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lawrence J. Shimanek DEGREE: Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-27-70
23C. PHYSICIAN'S NAME (Type): L. J. Shimanek MD DEGREE:
23D. ADDRESS: 321 Falls Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 [illegible]
25B. NAME OF REGISTRAR: R.S.E. [illegible] M.D.
25C. FUNERAL DIRECTOR: A. Allan Seitz Jr.
ADDRESS: 3818 Roland Ave 2121

VS 150-REV. 1/1/68

1

K-452 70 11619 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11619

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAUDE V. ~~KLEINZ~~ WILLIAMS KLEINZ

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 28, 1970 Hour 1:00 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 2668 Dulany Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2669 Dulany Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 1-5-86
10. AGE (In years last birthday): 84 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Williams
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Elizabeth Rosalie
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.: 572-22-4422
18. INFORMANT: Mrs. Mooney ADDRESS: Severna Pk. Md

MEDICAL CERTIFICATION

19. I 412.4 CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Fernwood Cem
24D. LOCATION (City, town, or county) (State): Philadelphia, Pa.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: Robert A. Bonanno ADDRESS: Severna Pk. Md.

VS 151-REV. 1/1/68

S-432 70 11620

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11620

1. NAME OF DECEASED (Type or Print): SCHULTZ, IRVIN BERNARD

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1970 6:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 21-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1131 SARGEANT STREET 21223

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-09-91

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASSEMBLY LINE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW SCHULTZ

14. MOTHER'S MAIDEN NAME: ELIZABETH (CASEY)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-5474

17. INFORMANT: WILKENS AVE. ST. AGNES HOSPITAL RECORDS

ADDRESS: CATON &

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: approx. 1 month

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 26 19 70 to NOVEMBER 26 19 70 that (I) (we) last saw the deceased alive on NOVEMBER 26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paulo B. Westphalen DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/26/1970

23C. PHYSICIAN'S NAME (Type): PAULO WESTPHALEN MD DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL CATON & WOKKENS AVE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 30 Nov. 70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md.

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-540 70 11631

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11631

1. NAME OF DECEASED (Type or Print): Mary L. Smiley

2. DATE AND HOUR OF DEATH: 11/27/70 | 3:20 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: G.G.Co 52-00
C. CITY OR TOWN (If outside city limits, write RURAL and give township): ~~Baltimore~~ Glen Burnie
D. STREET ADDRESS (If rural, give location): 419 A. St.

5. SEX: F
6. RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): (circled)
8. DATE OF BIRTH: 4/24/12
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Soda Fountain
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Mc Comas
14. MOTHER'S MAIDEN NAME: Louise Stanabury

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-22-6629
17. INFORMANT: Calvin L. Smiley
ADDRESS: Same as above

MEDICAL CERTIFICATION

18. 442X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO: Dissecting aneurysm — INTERVAL BETWEEN ONSET AND DEATH: one day

(B) DUE TO:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 26 1970 to Nov. 27 1970, that (I) (we) last saw the deceased alive on Nov. 27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Tsukamoto M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): R. Tsukamoto M.D.
23D. ADDRESS: Maryland General Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Jakey M.D.
25C. FUNERAL DIRECTOR: Raymond C. Fink
ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 8-250 70 11632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11632

1. NAME OF DECEASED (Type or Print): Agnes E. Rigney

2. DATE AND HOUR OF DEATH: November 27, 1970 1:30 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines, Belvedere 90 2525 W. Belvedere Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 426 E. North Avenue 21202

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 2, 1883
9. AGE (In years last birthday): 87
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10B. KIND OF BUSINESS OR INDUSTRY: Clothing Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Moran
14. MOTHER'S MAIDEN NAME: Elizabeth Creager

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 267-07-4269A
17. INFORMANT: Mrs. Mary E. Still
ADDRESS: 3712 Gwynn Oak Ave. 21207

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4.10.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute M.I.
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic C.V.D.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day / 10 yr.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Dec 26 1969 to Nov 27 1970 that (I) (~~we~~) last saw the deceased alive on Nov 27 1970 and that in (~~my~~) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lester Kolman MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/28/70
23C. PHYSICIAN'S NAME (Type): Lester Kolman DEGREE
23D. ADDRESS: 6821 Reisterstown Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 8728 Liberty Road 21133

VS 150-REV. 1/1/68

1

S-530 70 11623

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11623

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK G. SMITH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 28, 1970 Hour 9:01 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 821 St. Dunstans Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-78
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 821 St. Dunstans Street

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Feb. 4, 1907
10. AGE (In years last birthday): 63 64
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick Smith
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Office Work
14B. KIND OF BUSINESS OR INDUSTRY: National Eng. Co.
15. MOTHER'S MAIDEN NAME: Mary Theresa Stetler
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): --
17. SOCIAL SECURITY NO.: 212-14-0893
18. INFORMANT: Irene H. Smith (Wife) ADDRESS: Same

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 2, 1970
24C. NAME of CEMETERY or CREMATORY: Lake View Memorial Park
24D. LOCATION (City, town, or county) (State): Carrol County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Eugenia K. Seitz ADDRESS: 5209 York Road Seitz Funeral Home Balto. Md. 21212

VS 151-REV. 1/1/68

H-400 70 11634

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11634

1. NAME OF DECEASED (Type or Print): HILL, LILLY MAUDE

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1970 11:20 P/M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE COUNTY
C. CITY OR TOWN: CATONSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 401 SHADY NOOK AVENUE 21228

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12 27 97
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLEY HALE
14. MOTHER'S MAIDEN NAME: LULA MITCHELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216107441
17. INFORMANT: RECORD'S BALTIMORE MD 21229
ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. 466X 4 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Bronchitis — 15 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) left cardiac failure — 8 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Acute coronary thromb. — 4 hs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 07 1970 to NOVEMBER 23, 1970 that (I) (we) last saw the deceased alive on NOVEMBER 23, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type): J. APTER, M.D. DEGREE
23D. ADDRESS: BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-27-70
24C. NAME of CEMETERY or CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack
ADDRESS: Ellicott City Md 21043

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-260 70 11625

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11625

1. NAME OF DECEASED (Type or Print): JOHN H. Fischer ~~XXXXXXXX~~

2. DATE AND HOUR OF DEATH: Nov. 28, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-78
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1220 Woodbourne Ave

5. SEX: male
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 31, 1881
9. AGE (In years last birthday): 89 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Fischer
14. MOTHER'S MAIDEN NAME: Annie Demitz
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-52-1178
17. INFORMANT: Mrs Mary C Tamburo ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
437.9	(A) IMMEDIATE CAUSE: Atherosclerotic Cerebrovascular Disease	6 mo
	DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerosis	yrs
	(B) DUE TO, OR AS A CONSEQUENCE OF: —	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 70 to 11/28 19 70 that (I) (we) last saw the deceased alive on 11/25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/28/70
23C. PHYSICIAN'S NAME (Type): Dr. George Vash DEGREE
23D. ADDRESS: 206 S. Gilmor St, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Baltimore
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14 ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-153 70 11636

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11636

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): JOSEPH C. SPINNATO

2. DATE AND HOUR OF DEATH: Nov. 28, 1970 | 3.10 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HOUSE IN THE PINES BELAIRE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 9-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1532 Fernley Road

5. SEX: male 6. RACE: caucasian 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4/ /1895 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Self-employed 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Italy 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Spinnato 14. MOTHER'S MAIDEN NAME: Catherine Mariana

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Amelia Ashley ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Recurrent Acute Epididymitis — 6 weeks.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic Urinary Tract Infection
DUE TO, OR AS A CONSEQUENCE OF:
(C) Possible Prostatic Hypertrophy.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chronic Brain Syndrome, Cardiac Contusion & Left Leg Foley catheter. Recurrent diverticulitis, colon. — months - years.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 4/24/1970 to 11/28/1970 that (I) (~~we~~) last saw the deceased alive on 11/26/1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): Dr. Albert B. Bradley DEGREE — 23D. ADDRESS: 4900 Belaire Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/1/70 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE RECD BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: Robert E. Tesler M.D. 25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14 ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-400 70 11627

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11627

1. NAME OF DECEASED (Type or Print): VIOLA M GILL

2. DATE AND HOUR OF DEATH: Nov. 27, 1970 | 6 00 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2106 Woodbourne Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 27-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2106 Woodbourne Ave.

5. SEX: female

6. RACE: caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 9-28-86

9. AGE (In years last birthday): 84 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Evans Taylor

14. MOTHER'S MAIDEN NAME: Anne Bransby

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr Norman T Gill ADDRESS: 1629 Glencagle Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 4 12 5

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary arteriosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized arteriosclerosis — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 19 70 to Nov 27 19 70 that (I) (we) last saw the deceased alive on May 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Geo H Beck DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): DR. GEORGE H. BECK DEGREE

23D. ADDRESS: 6012 Harford Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/1/70

24C. NAME of CEMETERY or CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md. ADDRESS:

VS 150-REV. 1/1/68

S-120 70 11628

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11628

1. NAME OF DECEASED (Type or Print): Virginia E. Sczepucha

2. DATE AND HOUR OF DEATH: 11-29-70 2:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital, Caton & Wilkens Avenue, Baltimore, Maryland 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: (Arbutus) Baltimore County 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1022 Circle Drive

5. SEX: Female

6. RACE: Caucasian

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-13-18

9. AGE (In years last birthday): 52

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Albrecht

14. MOTHER'S MAIDEN NAME: Viola

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-07-5719

17. INFORMANT: Stanley F. Sczepucha ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

436.0

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 29 19 70 to November 29 19 70 that (I) (we) last saw the deceased alive on November 29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paulo B. Westphalen MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11/29/70

23C. PHYSICIAN'S NAME (Type): Paulo Westphalen MD DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 1630 Edmondson Av., Balto., Md. 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

W-425 70 11629

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11629

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Wilson

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month: 11 Day: 29 Year: 70 Hour: 11:35 a.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 29 Year: 70 Hour: 11:35 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 941 Duncan St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 7-03

6. SEX: male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 10/17/10
10. AGE (In years last birthday): 60
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
E. STREET AND NUMBER: 941 Duncan Street

11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Wilson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Jane Ellis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 218-01-5180
18. INFORMANT: Jane Ellis ADDRESS: 1236 E. Lafayette St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E880X

(A) IMMEDIATE CAUSE: Fracture of neck
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [XX] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 941 Duncan Street 7-03

22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 29 (Year) 70 (Hour) bet. 2:00 and 11:20 a.m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
22F. HOW DID INJURY OCCUR? Subject allegedly fell down cellar steps.

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [XX] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [XX]
DATE SIGNED: 11/30/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. County. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Joseph G. Locke Jr. ADDRESS: 1304 N. Central Ave

VS 151-REV. 1/1/68

N 8050

C-530 70 11630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11630

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAROLD CANADY

2. DATE AND HOUR OF DEATH: 11/27/70 7 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 8-08
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [1] NO [ ]
E. STREET AND NUMBER: 1736 E. Chase Street

5. SEX: M 6. RACE: N 7. MARRIED [ ] NEVER MARRIED [1] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-23-16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ? 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? 14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): ? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. 571.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: HEMORRHAGE — 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) LAENNEC'S CIRRHOSIS — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: 11/19/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: abdominal wall hernia 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/17/70 19 to 11/27/70 19, that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George J Berakha MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [1] — 23B. DATE SIGNED: 11/27/70

23C. PHYSICIAN'S NAME (Type): GEORGE J. BERAKHA MD DEGREE — 23D. ADDRESS: JHH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-2-70 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: C. Weinberg 2700 Edmondson Ave. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-152 70 11631

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11631

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROBINSON, Joseph Edward

2. DATE AND HOUR OF DEATH: November 28, 1970 | 9:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 16-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 641 Fulton Ave.

5. SEX: Male
6. RACE: Negroid
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-8-01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Steven Robinson
14. MOTHER'S MAIDEN NAME: Ida Rhodes
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 10-8-42 to 2-20-43
16. SOCIAL SECURITY NO.: 215-01-9017
17. INFORMANT: Records V. A. Hospital
ADDRESS: 3900 Loch Raven Blvd., Baltimore, Md.21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

150X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration pneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Tracheo-esophageal fistula
DUE TO, OR AS A CONSEQUENCE OF:

(C) Esophageal carcinoma

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from September 20, 1970 to November 28, 1970 that I (we) last saw the deceased alive on November 28, 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) did not view the body after death.

23A. SIGNATURE: Clarence F Faray M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: V. A. Hospital, 3900 Loch Raven Blvd., Baltimore, Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/70
24C. NAME of CEMETERY or CREMATORY: MH Auburn
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: R.C. [illegible]
25C. FUNERAL DIRECTOR: Marshall P Hayes
ADDRESS: 1800 Gilmor St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Y-320 70 11632

REG. NO. 70 11632

1. NAME OF DECEASED (Type or Print): Ernest Yates

2. DATE AND HOUR OF DEATH: 11/28/70 | 9 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House of Pine Nursing Home Belvedere, Baltimore, Md.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 14-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 505 Bloom St.

5. SEX: Male

6. RACE: Black

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ separated DIVORCED ☐

8. DATE OF BIRTH: May 17, 1910

9. AGE (In years last birthday): 56

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caddie

10B. KIND OF BUSINESS OR INDUSTRY: Country Club

11. BIRTHPLACE (State or foreign country): Waverly, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Yates

14. MOTHER'S MAIDEN NAME: Mary Reid

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-5574

17. INFORMANT: Mr. Sparkey Yates

ADDRESS: 2501 Druid Hill Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Acute M.I.	1 dy.
	DUE TO, OR AS A CONSEQUENCE OF: Urinary infection	1 week.
(B)	Hemiplegia Right side	5 yr.
	DUE TO, OR AS A CONSEQUENCE OF: Hypertension arteriosclerosis	8 yr
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 6 1970 to 11/28/70 19..., that (I) (we) last saw the deceased alive on 11/27 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lester N. Kolman M.D. DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type): Lester N. Kolman DEGREE

23D. ADDRESS: 6821 Reisterstown Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-2-70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.

25C. FUNERAL DIRECTOR: Mary-Elizabeth Law

ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

H-620 70 11633

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11633

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LELA HARRIS (Lelia)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month: Nov. Day: 27 Year: 1970 Hour: M.

3. DATE PRONOUNCED DEAD: Month / Day / Year: November 27, 1970 Hour: 10:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 MARYLAND GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 549 W. Biddle Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ separated WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Nov. 23, 1937
10. AGE (In years last birthday): 33 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Carey
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Alverta Royster
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs. Alice & James H. Taylor ADDRESS: 549 W. Biddle St

MEDICAL CERTIFICATION

19. E 988 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Bronchopneumonia complicating Burns

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3rd floor, 2225 Eutaw Place
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 10-10-70 9:10 P. m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? ?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Mary-Elizabeth Law ADDRESS: 802 Madison Ave.

VS 151-REV. 1/1/68

N 949.0

R-200 70 11634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11634

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ALEXANDER RICH (ALEX)

2. DATE AND HOUR OF DEATH: 11/25/70 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MD. HOSPITAL. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: — 14-03
C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2025 McCULLOUGH ST.

5. SEX: MALE 6. RACE: Negro 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 7/26/03 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): VIRGINIA 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: PHILLIP RICH 14. MOTHER'S MAIDEN NAME: PINKEY [illegible]

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO 16. SOCIAL SECURITY NO.: 220-18-9880 17. INFORMANT: FAMILY. ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 432.9

(A) IMMEDIATE CAUSE: Infarction, Midbrain, Pons — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Basilar Artery Atherosclerosis — months ~~years~~.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Atherosclerosis. — years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: 11/17/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Lumbar Puncture - Dx. 20A. AUTOPSY? (Yes or No): yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): none 21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 16 Nov 70 19 70 to 25 Nov 19 70 that (I) (we) last saw the deceased alive on 25 Nov 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James A. Quinlan Jr. MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 25 Nov 1970

23C. PHYSICIAN'S NAME (Type): JAMES A. QUINLAN, JR. DEGREE 23D. ADDRESS: UNIV. OF MD. HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-28-70 24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: Mary-Elizabeth Law ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

Phillip Rich Pinkey ?

Burial 11-28-70 Arbutus Memorial Park Baltimore, Maryland

J-525 70 11635

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11635

1. NAME OF DECEASED (Type or Print): JOHNSON, WALTER E

2. DATE AND HOUR OF DEATH: NOV. 30, 1970 6 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 20-01

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1821 W. FAIRMOUNT ST. 21223

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JAN 1, 1892 9. AGE (In years last birthday): 78 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: STEVEDORE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES JOHNSON

14. MOTHER'S MAIDEN NAME: BAILEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-10-9550

17. INFORMANT: HOSPITAL CHART ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARDIO RESPIRATORY ARREST. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROSIS CARDIOVASC. DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C) CONGESTIVE HEART FAILURE

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Senile dementia.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 26 1970 to NOV 30 1970 that (I) (we) last saw the deceased alive on NOV 30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel Galdos DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: NOV 30, 1970

23C. PHYSICIAN'S NAME (Type): Manuel Galdos DEGREE

23D. ADDRESS: Bon Secours Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY: Arlington Cem

24D. LOCATION (City, town, or county) (State): Arlington Cem

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Ehrony B. Wilson 1000 Bramblebury Ave

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11636

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. W-425

REG. NO. 70 11636

1. NAME OF DECEASED (Type or Print): EVELYN WALLACE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 28 Year 1970 Hour 10:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2423 McCulloh Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 13-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2423 MuCulloh Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Oct 23
10. AGE (In years last birthday): 51 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES H. COLE
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: IDA COPORAL
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.
18. INFORMANT: THOMAS E. WALLACE ADDRESS: S/A

MEDICAL CERTIFICATION

19. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hypertensive cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): Ala County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: Con Wilson
ADDRESS: Brentlyn

VS 151-REV. 1/1/68

B-650 70 11637

BIRTH NO. JOZEF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11637

1. NAME OF DECEASED (Type or Print): Jozef J. BARAN

2. DATE AND HOUR OF DEATH: 7-10 AM 11-28-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 15-10

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 3501 BERWYN AVE

5. SEX: M 6. RACE: W C 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 1-1-85 9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? POLAND

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: Blanche Merkle ADDRESS

MEDICAL CERTIFICATION

18. 515.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Pneumoconiosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-27 1970 to 11-28 1970 that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11-29-70

23C. PHYSICIAN'S NAME (Type): DR. Y. BARBRAO MD. DEGREE

23D. ADDRESS: LUTHERAN HOSPITAL, BALTO-16, MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12-3-70 24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem 24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: E. O. WILSON ADDRESS: 1000 BRANTLEY AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11638

H-326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11638

1. NAME OF DECEASED (Type or Print): BENJAMIN HATCHER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 27 Year 1970 Hour 6:00 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 PROVIDENT HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 13-03
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 1334 W. North Avenue

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: MAY 15 1928

10. AGE (In years last birthday): 42
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): PRINCE EDWARD Co. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BEN HATCHER

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: JENNIE RANDOLPH

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mamie Hatcher ADDRESS: 952 Washington St

MEDICAL CERTIFICATION

19. E966X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stab wound of chest

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: ?

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1334 W. North Avenue 13-03

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 4:30 P. m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Stabbed during altercation

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL

24B. DATE: 11/30/70

24C. NAME of CEMETERY or CREMATORY: ODD FELLOWS CEM.

24D. LOCATION (City, town, or county) (State): FARMVILLE VA

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.

25C. FUNERAL DIRECTOR: E O WILSON ADDRESS: 1000 BRANTLEY AVE

VS 151-REV. 1/1/68

N 875.1

M-600 70 11639

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11639

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MELINDA MOORE

2. DATE AND HOUR OF DEATH: 11/25/70 6:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 38 UNIV OF MD HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 17-03
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 826 EDMONDSON AVE. 21201

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/6/89 9. AGE (In years last birthday): 83 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MASSIVE PULMONARY EMBOLI — 5 hours
DUE TO, OR AS A CONSEQUENCE OF:

(B) SEVERE CONGESTIVE HEART FAILURE — 72 h
DUE TO, OR AS A CONSEQUENCE OF:

(C) GEN. ARTERIOSCLEROSIS

II — ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): (L) sided CVA — 72 hours

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/22/70 19 to 11/25 19 70 that (I) (we) last saw the deceased alive on 11/25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/25/70
23C. PHYSICIAN'S NAME (Type): RICARDO CORDON MD DEGREE
23D. ADDRESS: UNIV OF MD. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Bethel
24D. LOCATION (City, town, or county) (State): Cambridge Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Tolley M.D.
25C. FUNERAL DIRECTOR: E. Wilson
ADDRESS: 1003 Brantley ave.

VS 150-REV. 1/1/68

W-360 70 11640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11640

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): White, Thadius

2. DATE AND HOUR OF DEATH: November 25, 1970 4:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Good Samaritan Hospital
5601 Loch Raven Blvd,
Baltimore, Maryland 21212

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 9-09

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 824 E. Preston Street

5. SEX: Male

6. RACE: Black

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11/16/98

9. AGE (In years last birthday): 72 — If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steelworker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Durham N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry White

14. MOTHER'S MAIDEN NAME: Mandy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-14-4119

17. INFORMANT: Mrs. Sherrie Stewart ADDRESS: Same

CAUSE OF DEATH

MEDICAL CERTIFICATION

✓ 1B. 199.0 1011.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MASSIVE ASPIRATION

DUE TO, OR AS A CONSEQUENCE OF:

(B) BRAIN TUMOR, SEIZURE, CVA

DUE TO, OR AS A CONSEQUENCE OF:

(C) ? TUBERCULOSIS, ? METASTATIC CA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): CHR. ALCOHOLISM

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 11/20 1970 to 11/25 1970, that (I) ~~(we)~~ last saw the deceased alive on 11/25, 3 pm 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Harvey G. Klein DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/25/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): Balto County Md

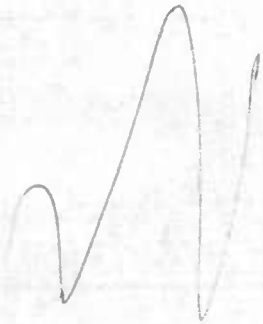
25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Elroy O. Stebens Sr.

ADDRESS: Staff.

VS 150-REV. 1/1/68



R-420 70 11641

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11641

1. NAME OF DECEASED (Type or Print) Roles, Raymond

2. DATE AND HOUR OF DEATH 11-25-70 10 25 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 9-09

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 1815 Hope St.

5. SEX M 6. RACE Blk 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 10-31-96 9. AGE (In years last birthday) 74 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W I

16. SOCIAL SECURITY NO.

17. INFORMANT Elsie Roles ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Cerebrovascular Dec — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes Mellitus

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/1/70 19 to 11/25/70 19, that (I) (we) last saw the deceased alive on 11/25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Edward D. Kallins MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED 11/26/70

23C. PHYSICIAN'S NAME (Type) E. S. KALLINS MD DEGREE 6000 Park Hts Ave

23D. ADDRESS Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 12-1-70

24C. NAME of CEMETERY or CREMATORY Camden Memorial Gardens

24D. LOCATION (City, town, or county) Lorel, (State) Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1970

25B. NAME OF REGISTRAR Robert E. Lahey M.D.

25C. FUNERAL DIRECTOR Ebroy E. Wilson ADDRESS 1100 Pratt Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-236 70 11642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11642

BIRTH NO. South Carolina

1. NAME OF DECEASED (Type or Print) Thomas FOSTER

2. DATE AND HOUR OF DEATH 11/24/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Johns Hop Kins Hospitl

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE md. B. COUNTY 8-08

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER E. Biddle Street, 2024

5. SEX m

6. RACE C

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 11/24/70

9. AGE (In years last birthday) 4 months

If Under 1 Yr. Months 4 Days 9 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) S. Carolina.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FOSTER, Thomas Andrew

14. MOTHER'S MAIDEN NAME Strong

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NO

17. INFORMANT Father, as above ADDRESS

MEDICAL CERTIFICATION

18. 3431 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Respiratory Arrest. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chest Infection + Diaphragmatic paralysis.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Paraplegia dating from birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

As in (C)

19A. DATE OF OPERATION — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —

20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Nov. 15th 1970 to Nov. 24th 1970, that (I) (~~we~~) last saw the deceased alive on Nov. 24th 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Dr. Fomufod A.K. MBBS DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED 11/24/70

23C. PHYSICIAN'S NAME (Type) DR. A.K. FOMUFOD, MBBS DEGREE — 23D. ADDRESS Johns Hopkins Hosp, Balt. Md

24A. BURIAL CREMATION, REMOVAL (Specify) Burial — 24B. DATE 11-27-70 — 24C. NAME of CEMETERY or CREMATORY Mt Auburn Cem — 24D. LOCATION (City, town, or county) (State) Balto Md

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1970 — 25B. NAME OF REGISTRAR — 25C. FUNERAL DIRECTOR C. Wilson on Brantlyn — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N-425 70 11643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11643

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): NELSON, JAMES WILLIAM

2. DATE AND HOUR OF DEATH: November 28, 1970 | 12:15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 7-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 722 N. Kenwood Ave.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-8-08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Nelson
14. MOTHER'S MAIDEN NAME: Mary Cook
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 9-9-43 to 8-18-44
16. SOCIAL SECURITY NO.: 218-07-1193
17. INFORMANT: Records V. A. Hospital ADDRESS: 3900 Loch Raven Blvd., Baltimore, Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 4, 1970 to November 28, 1970 that (I) (we) last saw the deceased alive on November 28, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jack I Stern DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): JACK I STERN, M.D. DEGREE
23D. ADDRESS: V. A. Hospital, 3900 Loch Raven Blvd., Baltimore, Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-1970
24C. NAME of CEMETERY or CREMATORY: Crest Lawn
24D. LOCATION (City, town, or county) (State): Howard County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

M 624 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11644

REG. NO. 70 11644

1. NAME OF DECEASED (Type or Print): Marshall Leroy F.

2. DATE AND HOUR OF DEATH: 27 Nov 70 | 3:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital 5601 Loch Raven Blvd. Baltimore 212

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 8-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1719 N. Durham Street

5. SEX: Male 6. RACE: Black 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] Separated DIVORCED [ ]

8. DATE OF BIRTH: 11-12-19 9. AGE (In years last birthday): 51 If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown - Presser 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince Edward Co. Virginia 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Garland Marshall

14. MOTHER'S MAIDEN NAME: Callie V. Bowen.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-12-0887

17. INFORMANT: Mrs Callie M. Jenkins ADDRESS: 1719 N Durham Balto 13

CAUSE OF DEATH

MEDICAL CERTIFICATION

I — 1B. 394.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Tracheal Stenosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Mitral Stenosis -

DUE TO, OR AS A CONSEQUENCE OF:

(C) Rheumatic Heart Disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Status post operative - Repair of Atrial septal defect & Cerebral Emboles c Rthemiplegia & aphasia

19A. DATE OF OPERATION: 27 Nov 70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheal Stenosis 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-11- 1970 to 11-27 1970, that (I) (we) last saw the deceased alive on 11-27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John D. Talbert, MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 27 Nov 70

23C. PHYSICIAN'S NAME (Type): John D. Talbert MD DEGREE 23D. ADDRESS: 5601 Loch Raven Blvd. Baltimore Md. 21212

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-2-70 24C. NAME OF CEMETERY or CREMATORY: MT. AUBURN CEM. 24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: O. BAILEY KELSON F.H. ADDRESS: 1348 CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R 550 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11645

1. NAME OF DECEASED (Type or Print): Anna Roman

2. DATE AND HOUR OF DEATH: 28 November 1970 | 8:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 822 N. Carrollton Ave

5. SEX: Fe
6. RACE: Black
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-15-89
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEwife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Northern Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John BRISCOE
14. MOTHER'S MAIDEN NAME: Betty NEWCOMB

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Ruth Myers
ADDRESS: PARKESVILLE, WEST VIRGINIA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) Gastrointestinal Bleeding with hematemesis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Antral Gastritis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

530 / 4250.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 November 1970 to 28 November 1970 that (I) (we) last saw the deceased alive on 28 November 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert C. Blackmon, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 28 November, 1970
23C. PHYSICIAN'S NAME (Type): Robert C. Blackmon, M.D. DEGREE
23D. ADDRESS: Provident Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 2, 1970
24C. NAME of CEMETERY or CREMATORY: Mount Olive Cemetery
24D. LOCATION (City, town, or county) (State): Gerrardstown, West Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Higinbotham & Slack
ADDRESS: Pittsburgh Pa 15243

VS 150-REV. 1/1/68

S 6301

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11646

1. NAME OF DECEASED (Type or Print): HARVEY F. SEWARD

2. DATE AND HOUR OF DEATH: Nov. 23 1970 approx 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-19
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3200 W. ROGERS AVE.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 06/01/10
9. AGE (In years last birthday): 60
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter
10B. KIND OF BUSINESS OR INDUSTRY: Local 438 Contractors
11. BIRTHPLACE (State or foreign country): Bramsonville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F. SEWARD
14. MOTHER'S MAIDEN NAME: FLORENCE CLEVENGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 215 09 9351
17. INFORMANT: Mrs. Esther Seward ADDRESS: 3200 W. ROGERS AVE Baltimore, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) BRONCHOGENIC CARCINOMA. — ? 6 MONTHS.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/9/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: LUNG CANCER.
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/9 19 70 to 11/23 19 70 that (I) (~~we~~) last saw the deceased alive on 11/23 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William Eustace Walker M.D. Ch.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/23/70.
23C. PHYSICIAN'S NAME (Type): DR. WILLIAM E. WALKER DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 27, 1970
24C. NAME of CEMETERY or CREMATORY: Lake View Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville 8, Md.

VS 150-REV. 1/1/68

70 11647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11647

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADAMS WALTER SCOTT ADAMS Jr.

2. DATE AND HOUR OF DEATH 11/24/70 11 12 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

UNION MEMORIAL HOSPITAL 33RD & CALVERT STS. BALTIMORE MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD B. COUNTY U.S.A. HOWARD Co.

C. CITY OR TOWN ~~BALTIMORE~~ ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER 3110 WEST SPRING DRIVE 21043

63.00

5. SEX MALE

6. RACE CAUCASIAN

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 11/5/18

9. AGE (In years last birthday) 52

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designing Draftsman

10B. KIND OF BUSINESS OR INDUSTRY AIR ENGINEERING CORP.

11. BIRTHPLACE (State or foreign country) MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Scott Adams Sr.

14. MOTHER'S MAIDEN NAME Sophie DeVries

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Yes

(If yes, give war or dates of service) A.A.F. W.W.II

16. SOCIAL SECURITY NO. 215-07-7851

17. INFORMANT Mrs. Catherine E. Adams, 3110 West Spring Drive Ellicott City, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) Gut/GS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 70 to 11/24 19 70 that (I) (we) last saw the deceased alive on 11/24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Ronald H. Legron M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED 11/24/70

23C. PHYSICIAN'S NAME (Type) RONALD H. LEGRON M.D. DEGREE

23D. ADDRESS UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE Nov. 27, 1970

24C. NAME of CEMETERY or CREMATORY Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State) Woodlawn, Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1970

25B. NAME OF REGISTRAR Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR Frank H. Newell, Pikesville, Md.

ADDRESS

VS 150-REV. 1/1/68

A 3521

Released by Med. Examiner per Dr. Fernandez - Legron

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F 6521

70 11648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11648

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN W. FRANKLIN

2. DATE AND HOUR OF DEATH: 11/20/70 | 12 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE 27-17

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5249 PARK HEIGHTS AVE.

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 8/1/92

9. AGE (In years last birthday): 78 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-retired

10B. KIND OF BUSINESS OR INDUSTRY: Schmoltz & Dane

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Franklin

14. MOTHER'S MAIDEN NAME: Rose Hanson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 1917-1919

16. SOCIAL SECURITY NO.: 216-05-8699

17. INFORMANT: Mrs. Helen Todd, 5249 Park Heights Ave. Baltimore, Md.

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ELECTROLYTE IMBALANCE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) GASTROINTESTINAL BLEEDING — 15 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) DUODENAL ULCER — 3 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ATHEROSCLEROTIC C-V DISEASE

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/7 19 70 to 11/20 19 70 that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert L. Marmer M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN, M.D. DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Nov 24 1970

24C. NAME of CEMETERY or CREMATORY: Laudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Fa Bay, M.D.

25C. FUNERAL DIRECTOR: Frank H. Newell Pikesville Md.

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M5001

70 11649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11649

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MOHAN, LAURA ALICE

2. DATE AND HOUR OF DEATH: NOVEMBER 27, 1970 11:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPTTAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE Co 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 200 OAK AVENUE 21208

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐
8. DATE OF BIRTH: 04-19-92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM PARRY
14. MOTHER'S MAIDEN NAME: XXXXX SARAH (PARRY)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: WILKENS AVE. BALTO MD. 21229 ADDRESS
ST. AGNES HOSPITAL RECORDS CATOM &

MEDICAL CERTIFICATION

18. 4123 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebrovascular accident — 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart Failure — 10 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic heart disease — 14 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that X(I) (this hospital) attended the deceased from NOVEMBER 23 1970 to NOVEMBER 27 1970 that X(I) (we) last saw the deceased alive on NOVEMBER 27 1970 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
XX XXXXX

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/28/70
23C. PHYSICIAN'S NAME (Type): Jose Aster, M.D. DEGREE
23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 1970
24C. NAME OF CEMETERY OR CREMATORY: St. Charles Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Frank D. Newell
ADDRESS: Pikesville 8, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

58-01-30 TB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 70 11650

BIRTH NO. 70-21428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11650 4

1. NAME OF DECEASED (Type or Print): Baby Boy Morgan, ~~Blanche~~

2. DATE AND HOUR OF DEATH: 9 30 PM 11/21/70 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital, 4940 Eastern Ave. Balto., Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1218 N. Charles St. 21201

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/21/70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Blanche June Morgan
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Balto., Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 777X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Immaturity
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21 19 70 to 11/21 19 70 that (I) (we) last saw the deceased alive on 11/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G Shapiro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/21/70
23C. PHYSICIAN'S NAME (Type): G. Shapiro DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 11-27-70
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 [redacted]
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS

VS 150-REV. 1/1/68

1

H-545 70 11651

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11651

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALLEN SYLVESTER HAMLIN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 27,1970 Hour 1:45 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 930 N. Carrollton Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 25.52
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 207 Cherry Hill Road

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7/4/43
10. AGE (In years last birthday): 27? If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sylvester Hamlin
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Priscilla Davis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 219-40-0271
18. INFORMANT: Priscilla Hamlin ADDRESS: 207 Cherry Hill Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

304.9

(A) IMMEDIATE CAUSE: Intravenous Narcotism
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Charles N. Rice ADDRESS: 661 W. Barre St.

VS 151-REV. 1/1/68

1

J-525 70 11652

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11652

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jessie Johnson

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 26 Year: 70 Hour: 7:35 p.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 26 Year: 70 Hour: 7:35 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2 S. Amity St.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md.
B. COUNTY: 18-03
C. CITY OR TOWN: ~~Balto~~ Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 2 S. Amity Street

6. SEX: male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 3/24/24
10. AGE (In years last birthday): 45
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Johnson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Emma Carr

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yesx
(If yes, give war or dates of service): WWII
17. SOCIAL SECURITY NO. 215-12-9368
18. INFORMANT: Lilease Johnson ADDRESS: 518 W. Saratoga St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [XXX]
DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvery
24D. LOCATION (City, town, or county) (State): Brooklyn, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Charles N. Rice ADDRESS: 661 W. Barre St.

VS 151-REV. 7/1/68

1

J-525 70 11653

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11653

BIRTH NO. S.C.

1. NAME OF DECEASED (Type or Print): Richard Lee Johnson, Jr.

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month: 11 Day: 26 Year: 70 Hour: 11:40 a.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 26 Year: 70 Hour: 11:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 118 W. 21st Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 12-05
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1628 N. Calvert St.

6. SEX: male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 7/8/68

10. AGE (In years last birthday): 2
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard L. Johnson Sr

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

14B. KIND OF BUSINESS OR INDUSTRY: —

15. MOTHER'S MAIDEN NAME: Linda F. Wilson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service): —

17. SOCIAL SECURITY NO.

18. INFORMANT: Robert Wilson — ADDRESS: Winston Salem, N.C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): E968 X

(A) Cranio cerebral injuries — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: —

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [XX] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): unk.

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): subject was found at 118 W. 21st Street. 12-06

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): unk. m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR? unk.

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [XX] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [XX]

DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/5/70

24C. NAME of CEMETERY or CREMATORY: Evergreen Cemetary

24D. LOCATION (City, town, or county) (State): Winston Salem, N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Baltimore, Md.

VS 151-REV. 1/1/68

N 8540

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 4-630 70 11654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11654

1. NAME OF DECEASED (Type or Print): HARDE, ELEANOR

2. DATE AND HOUR OF DEATH: 11/27/70 4:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 15-11
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3113 SEQUOIA AVE. #15

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☑ 8. DATE OF BIRTH: 1/9/1917 9. AGE (In years last birthday): 53 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Harde 14. MOTHER'S MAIDEN NAME: Eva Hudson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 219-05-9402 17. INFORMANT: Carlton Dotson, 2509 W. Cold Spring Land ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: SUBARACHNOID HEMORRHAGE — ~30 MIN

DUE TO, OR AS A CONSEQUENCE OF:

(B) CEREBRAL ANEURYSMS — YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/19 19 70 to 11/27 19 70 that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert A. Munnes M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): DONALD STEWART M.D. DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11/30/70 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 [illegible] 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: The Kenneth H. Law, 4609 Park Heights Ave. ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-600

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

70 11655 **CERTIFICATE OF DEATH**

Registered No. 70 11655

1. NAME OF DECEASED (Type or Print): Louis F. Saro

2. DATE AND HOUR OF DEATH: 30 Nov 1970 | 10 40 p M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: 12-02

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 3033 St. Paul Street

5. SEX: Male

6. RACE: Cauc.

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 12 Sept 1887

9. AGE (In years last birthday): 83

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Proprietor

10B. KIND OF BUSINESS OR INDUSTRY: Shoe Store

11. BIRTHPLACE (State or foreign country): Md - USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Saro

14. MOTHER'S MAIDEN NAME: Ida Bernhardt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-30-6972

17. INFORMANT: Mrs. Mamie L. Saro

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		INTERVAL BETWEEN ONSET AND DEATH
569.9	(A) Cerebral embolii	5 days
	(B) DUE TO Myocardial infarction	5 days
	(C) DUE TO Upper Gastrointestinal Hemorrhage.	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 21 Nov 1970 to 30 Nov 1970, that I (we) last saw the deceased alive on 30 Nov 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Wm Gregory Bruce M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 30 Nov 70

23C. PHYSICIAN'S NAME (Type): Wm G. Bruce M.D.

23D. ADDRESS: Md. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Parkville, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.

ADDRESS: 4905 York Road Baltimore, Md. 21212

VS 150-REV. 1/1/65

1

70 11656

S-536

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11656

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VERNON /ASBURY SNYDER

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November, Day: 25, Year: 1970, Hour: M.

3. DATE PRONOUNCED DEAD — Month: November, Day: 25, Year: 1970, Hour: 11:24 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital (DOA)

42/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll 56-00
C. CITY OR TOWN: Hampstead ~~Baltimore~~
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: South 239 Main Street

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: Oct 5 1899
10. AGE (In years last birthday): 71
If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:
11. BIRTHPLACE (State or foreign country): Carroll County Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Snyder
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Eliza Davidson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-01-8469
18. INFORMANT: Robert J Snyder- Cashtown, Pa.17301 ADDRESS (son)

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4-12,4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 26, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov 29 1970
24C. NAME of CEMETERY or CREMATORY: Wesley Cemetery
24D. LOCATION (City, town, or county) (State): Hampstead Carroll Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: John E Goff
ADDRESS: Hampstead, Md. 21074

VS 151-REV. 1/1/68

L-341 70 11657

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11657

1. NAME OF DECEASED (Type or Print): Marie Littlefield

2. DATE AND HOUR OF DEATH: 11-28-70 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND, B. COUNTY: 2505
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1213 Light St.

43

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 3-25-00
9. AGE (In years last birthday): 70
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CANADA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAM HALLWAY (Dec).
14. MOTHER'S MAIDEN NAME: LUCINDA (dec.)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ?
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 220-09-6725-A
17. INFORMANT: MEDICAL RECORD
ADDRESS:

MEDICAL CERTIFICATION

18. 796.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X Septicemia.
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
Osteomyelitis, Decubitus ulcer
(B) Austin Moore prothesis
DUE TO, OR AS A CONSEQUENCE OF:
(C) [redacted]

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): X no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-1 1970 to 11-28 1970 that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Ugorji M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-28-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county): Baltimore (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home
ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1502 sycamore st

S-616 70 11658

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11658

1. NAME OF DECEASED (Type or Print): Dolores M. Scarborough

2. DATE AND HOUR OF DEATH: Nov. 27, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto. Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-53
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1927 Hollins Ferry Rd.

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 21, 1922
9. AGE (In years last birthday): 48
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewer
10B. KIND OF BUSINESS OR INDUSTRY: Bedding Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Howard Berlin
14. MOTHER'S MAIDEN NAME: Maude Wade

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Doris Lucke-Box 250 Rt. 2 Glen Burnie ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Cervix. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinomatosis generalized

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 19 70 to Nov 27 1970, that (I) (we) last saw the deceased alive on Nov 27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): 1301 Cumberland DEGREE
23D. ADDRESS: 1301 Cumberland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12 1 1970
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Mc Cully
ADDRESS: 237 Pat. Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-320 70 11659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11659

1. NAME OF DECEASED (Type or Print): Lester J. Watts

2. DATE AND HOUR OF DEATH: Nov. 29, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1407 Webster St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1407 Webster St.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 2, 1911
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Joseph B. Watts
14. MOTHER'S MAIDEN NAME: Bessie Real
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 232 26 3820
17. INFORMANT: Mr. Ray R. Watts
ADDRESS: 1204 Montgomery Dr. 21061

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 15-318 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Colon with — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-5-68
DUE TO, OR AS A CONSEQUENCE OF:
(B) Generalized Metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2-8-68
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GI Bleeding
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-5 1968 to 11-29 1970, that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: A. C. Sollod MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): A.C. SOLLOD MD DEGREE
23D. ADDRESS: 707 E. Fort Ave. Balto. Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12 2 70
24C. NAME of CEMETERY or CREMATORY: South Branch Mem. Gardens
24D. LOCATION (City, town, or county) (State): Petersburg, W. Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Mc Cully
ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

B-620 70 11650

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11650

1. NAME OF DECEASED (Type or Print): Andrew J. Boyers
ANDREW BOYERS

2. DATE AND HOUR OF DEATH: 11/27/1970 11.39 Am. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL
35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1-04
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2516 Hudson Street

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/8/1906
9. AGE (In years last birthday): 64 y
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed Hotel Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Bojarski
14. MOTHER'S MAIDEN NAME: ANTONIETTE PIECHOCKI

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-096169
17. INFORMANT: VICTORIA PHILLIPS (SISTER)
ADDRESS: 2516 HUDSON St 21224

MEDICAL CERTIFICATION

18. 162.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Tumor Ca.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Bronchogenic Ca
DUE TO, OR AS A CONSEQUENCE OF:
(C) Gastritis Intestinal & Diabetes mellitus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/14/1970 19 to 11/27/1970 19 that (I) (we) last saw the deceased alive on 11/27/1970 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): FIROZI MD DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Mary
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Tabey M.D.
25C. FUNERAL DIRECTOR: John J. Duda F.H. Inc.
ADDRESS: 2829 Hudson Street Balto. Md. 21224

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

52-32-20 TB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-240 70 11661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11661

1. NAME OF DECEASED (Type or Print): Maxwell, Joseph V.

2. DATE AND HOUR OF DEATH: 11/27/70 6:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore G 53-00
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7662 Old Battle Grove Road 21222

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/9/03
9. AGE (In years last birthday): 67 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: American Smelting Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Maxwell
14. MOTHER'S MAIDEN NAME: Rebecca Adam
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-1979
17. INFORMANT: BCH: Records — ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4.27.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Pulmonary Embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 90 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart Failure — 4 weeks.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Myocardial Infarction and/or Pul. Embolus.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Gastrointestinal Hemorrhage; C.O.P.D.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from Nov. 23, 1970 to Nov. 27, 1970 that ~~(I)~~ (we) last saw the deceased alive on Nov. 27, 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) ~~(did) (did not)~~ view the body after death.

23A. SIGNATURE: William P. Hunt M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Nov. 27, 1970
23C. PHYSICIAN'S NAME (Type): William P. Hunt, MD. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Tuckey, M.D.
25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-252 70 11662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11662

1. NAME OF DECEASED (Type or Print): HAWKINS, Alice.

2. DATE AND HOUR OF DEATH: 11/27/70 12:5 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital 37 Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6108 Shadyspruce Ave

5. SEX: Female 6. RACE: Caucc 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/6/28 9. AGE (In years last birthday): 42 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balt. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bauhlitz.
14. MOTHER'S MAIDEN NAME: Elizabeth. Tillman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-24-6508
17. INFORMANT: Hospital admission record ADDRESS:

MEDICAL CERTIFICATION

18. 174 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Ca of Breast → lungs — 4 months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma (R) Breast. — 5 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 6/18/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma (R) Breast
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 10/26 19 70 to 11/27 19 70 that (I) (we) last saw the deceased alive on 11/27 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frederick R. Eilber MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): FREDERICK R. EILBER MD. DEGREE
23D. ADDRESS: Mercy Hospital Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Philip E. Crach ADDRESS: 1211 Chesapeake Ave Balto 37

VS 150-REV. 1/1/68

1

70 11663

W-452

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11663

1. NAME OF DECEASED (Type or Print): OCTAVIA R. WILLIAMS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 28, 1970 Hour 5:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 UNION MEMORIAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Maryland B. COUNTY 12-05
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 313 E. Lafayette ~~Street~~ AVE.

6. SEX: Female
7. RACE: Negro
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 3/20/1890
10. AGE (In years last birthday): 80
If Under 1 Yr. or Under 24 Hrs.: Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): U.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isac Garnett

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
14B. KIND OF BUSINESS OR INDUSTRY: Private Families
15. MOTHER'S MAIDEN NAME: Fannie Griffin

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 212-32-4370
18. INFORMANT: Hugh Williams ADDRESS 3136 Ellerdie Ave.

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Beres cemetery
24D. LOCATION (City, town, or county) (State): Gloucester Co. Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Thos. C. Chatmanda ADDRESS 1701 McCulloh St. Balto. Md.

VS 151-REV. 1/1/68

M-245 70 11664

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11664

1. NAME OF DECEASED (Type or Print): McCallum, Nebraska

2. DATE AND HOUR OF DEATH: 11:29/70 | 8:25 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-09
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1438 N. Eden St.

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/03/95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Beth Steel
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: WESLEY McCALLUM
14. MOTHER'S MAIDEN NAME: MALINDA McCOLLUM
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Garland McCullum-Brother 2217 Preston ADDRESS East

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
433.9	(A) IMMEDIATE CAUSE: Cerebral Thrombosis	5 days
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Cerebral Arteriosclerosis	1 year
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Bronchopneumonia, Terminal	3 days

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-29-70 19 to 11-29-70 19 that (I) (we) last saw the deceased alive on 11-29-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Roland T. Smoot, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov. 30, 1970
23C. PHYSICIAN'S NAME (Type): ROLAND T. SMOOT, M.D. DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: SALEM CEM.
24D. LOCATION (City, town, or county) (State): Redsprings N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Joseph G. Locke Jr.
ADDRESS: 1304 N. Central Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-220 70 11665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11665

1. NAME OF DECEASED (Type or Print): TOSKES, MARY CULOTTA

2. DATE AND HOUR OF DEATH: NOVEMBER 30, 1970, 10:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, WILKENS & CATON AVENUE, BALTIMORE, MD. 21229

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co 53.00
C. CITY OR TOWN: CATONSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1000 CROSBY ROAD ZIP 21228

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 09/01/95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Button Sewer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VINCENT CULOTTA DEC'D
14. MOTHER'S MAIDEN NAME: ROSE (LIBERTO) DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-18-3072
17. INFORMANT: ST. AGNES HOSPITAL, WILKENS & CATON AVE. BALTO. MD.

MEDICAL CERTIFICATION

18. 250.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic shock.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute MI.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 29 19 70 to NOVEMBER 30 19 70 that (I) (we) last saw the deceased alive on NOVEMBER 30 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: St Agnes Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228

VS 150-REV. 1/1/68

70 11666

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-560
BIRTH NO.

REG. NO. 70 11666

1. NAME OF DECEASED (Type or Print): JOHN BEHNER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year November 27, 1970 Hour 11:50 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 7-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 523 N. Kenwood Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 3/25/'94
10. AGE (In years last birthday): 76
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Peter Behner
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coppersmith
14B. KIND OF BUSINESS OR INDUSTRY: Viola Bros.
15. MOTHER'S MAIDEN NAME: Susanne Pfeiffer
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 213-07-5356
18. INFORMANT: Mrs. Elizabeth Walker ADDRESS: 523 N. Kenwood Av

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple traumatic injuries
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Kenwood Avenue and Fayette Street 6-01
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 11:00 A.m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by truck

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/'70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Jesus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St

VS 151-REV. 1/1/68

N 869.0

B-400

BIRTH NO. 70 11667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11667

1. NAME OF DECEASED (Type or Print): BOYLE, Thomas E.

2. DATE AND HOUR OF DEATH: 11/27/70 | 11:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland
B. COUNTY: 12-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2618 Maryland Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/22/09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Panty Pride
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Boyle
14. MOTHER'S MAIDEN NAME: Sally Conroy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 6/8/42 - 10/19/45
16. SOCIAL SECURITY NO.: 219-03-1731
17. INFORMANT: VA Hospital Records
ADDRESS: 3900 Loch Raven Boulevard, Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 16th 19 70 to November 27th 19 70 that (I) (we) last saw the deceased alive on November 27th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jack I. Stern M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): JACK I STERN, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd
Baltimore, Maryland 2128

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert Jones, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1968

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-650 70 11668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11668

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BROWN, George E

2. DATE AND HOUR OF DEATH: 11-29-70 8:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-34
C. CITY OR TOWN: Baltimore 21225
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3828 Second Street

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-3-1[illegible]2
9. AGE (In years last birthday): 58
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Taxicab co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Brown
14. MOTHER'S MAIDEN NAME: Lillian McCubbin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 5/14/45 - 12/17/45
16. SOCIAL SECURITY NO.: 216-10-0456
17. INFORMANT: VA Hospital Records — ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-respiratory failure — uncertain
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of lung with brain metastesis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hemiplegia right, old

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [X] (this hospital) attended the deceased from November 27, 19 70 to November 29, 19 70 that [X] (we) last saw the deceased alive on November 29, 19 70 and that in [X] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (We) (did) [X] (not) view the body after death.

23A. SIGNATURE: Donald Hooker DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): DONALD H. HOOKER, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Walters Funeral Home — ADDRESS: Pratt&Stricker Streets 21223

VS 150-REV. 1/1/68

1

70 11669

BALTIMORE CITY HEALTH DEPARTMENT

C-252

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11669

1. NAME OF DECEASED (Type or Print): Walter Chojnowski (VLADYSLAW)

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 30 Year: 70 Hour: 12:30p M.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 30 Year: 70 Hour: 12:30 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1518 Cherry St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 25-05
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 1518 Cherry St.

6. SEX: male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [W] DIVORCED [ ]

9. DATE OF BIRTH: 3/ /1880
10. AGE (In years last birthday): 90
If Under 1 Yr. or Under 24 Hrs.: Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: B & O RR
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Family — ADDRESS: 1416 Elmtree St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412.4 Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]
DATE SIGNED: 11/30/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Balto. 21225, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: John H. Hahn, 4200 Pennington 21226 — ADDRESS

VS 151-REV. 3/1/68

42 43 32 1
MC ADAMS, FRANK
CB 14 83

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-235 70 11670 REG. NO. 70 11670

1. NAME OF DECEASED (Type or Print): Mc Adams, Mr. Frank

2. DATE AND HOUR OF DEATH: Nov 27 1970 11/27/70 3:40 Am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 9108 SMITH AVENUE

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-14-83
9. AGE (In years lost birthday): 87
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Standard Oil
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANK MCADAMS
14. MOTHER'S MAIDEN NAME: MARY JUSTICE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-4177
17. INFORMANT: Mrs. Mildred A. Fisher — ADDRESS: 9208 Smith Ave. - 21236

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) liver disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/20 1970 to 11/27 1970, that (I) (we) last saw the deceased alive on 11/27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David J Driscoll MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): David J Driscoll MD DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Jesus Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Tabery M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc — ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1968

H-163

70 11671

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11671

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HARRY S. HUBBERT

2. DATE AND HOUR OF DEATH: Monday Nov. 30, 70 | 12:45 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospt.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore City
B. COUNTY: 27-88
C. CITY OR TOWN: Pimlico
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3903 Hayward Ave. Balto. Md. 21215

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/11/03
9. AGE (In years last birthday): 67 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Service Mgr.
10B. KIND OF BUSINESS OR INDUSTRY: Fox Chevrolet
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel C. Hubbert
14. MOTHER'S MAIDEN NAME: Sarah M. Hubbert (Sager)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 215-05-0963A
17. INFORMANT: Mrs. Marion Hubbert
ADDRESS: Baltimore, Md. 21215 3903 Hayward Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic & Hypertensive Cardiovascular disease ~~Acute myocardial infarction~~ ~~Sudden~~ 7-10 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic disease, terminal, from transitional 2 yrs.
DUE TO, OR AS A CONSEQUENCE OF: cell carcinoma, left ureter.

(C) Hypertensive arteriosclerotic CVD class II-III 7-10 yr
Diabetes mellitus.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetes mellitus.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 5/18/65 19 to time of death 19 that (I) ~~(we)~~ last saw the deceased alive on 11/11/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death. Patient DOA at Sinai Hospital

23A. SIGNATURE: R.V. Rangle M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): Dr. R.V. Rangle M.D. DEGREE
23D. ADDRESS: 2938 St. Paul Street Baltimore Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Baltimore, Md. 21208

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Gaber, M.D.
25C. FUNERAL DIRECTOR: Loring Byers Funeral Directors P.A.
ADDRESS: 8728 Liberty Rd. Randallstown, 21133

APPROVED BY MEDICAL EXAMINER'S OFFICE

VS 150-REV. 1/1/68

1

H-545 70 11672

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11672

1. NAME OF DECEASED (Type or Print): EDWARD EARL HAMLIN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 27 Year 1970 Hour 5:05 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: York
C. CITY OR TOWN: Glen Rock RD #1
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Box 158-C, RD 1

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Sept. 23 1942
10. AGE (in years last birthday): 28
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Earl Hamlin
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
14B. KIND OF BUSINESS OR INDUSTRY: Insulation
15. MOTHER'S MAIDEN NAME: ~~Earl Hamlin~~ Alice M. Mills
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 230-38-5898
18. INFORMANT: Estella M. Hamlin ADDRESS: Glen Rock Pa #1

MEDICAL CERTIFICATION

19. E8120

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple Traumatic Injuries (Crushed chest)

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Curtis Bay Bridge, North end
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 4:55 P. m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Driver in auto-auto headon collision

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Lutheran
24D. LOCATION (City, town, or county) (State): Strawberry Gnl. Pa

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: Kline ADDRESS: 45-55 Main St Glen Rock Pa

VS 151-REV. 1/1/68

N8620

1

H-452 70 11673

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11673

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hollingsworth Elton ~~Hollinsworth~~

2. DATE OF DEATH: Known [X] Estimated [ ] Month 11 Day 27 Year 70 Hour 2:40 a.m.

3. DATE PRONOUNCED DEAD: Month 11 Day 27 Year 70 Hour 2:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

40

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md.
B. COUNTY: 20-06
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]

6. SEX: male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 8-5-1913
10. AGE (In years last birthday): 57
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 3124 Strickland St.

11. BIRTHPLACE (State or foreign country): Thomas, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Hollingsworth

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
14B. KIND OF BUSINESS OR INDUSTRY: Construction
15. MOTHER'S MAIDEN NAME: Emma (unknown)

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 212-05-8290
18. INFORMANT: Freda Hollingsworth ADDRESS: 3124 Strickland St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E814.7

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cranio cerebral injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): STREET
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Intersection - Pratt and Monroe

19-03

22D. TIME OF INJURY (APPROX.): (Month) 9 (Day) 11 (Year) 70 (Hour) 8:15p.m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Subject was a pedestrian hit by automobile.

23. I certify that I held an Inquiry [ ] Inspection [XX] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [XX] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]
DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-1970
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Glen Burnie Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 [redacted]
25B. NAME OF REGISTRAR: Robert E. Tabery M.D.
25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave.

VS 151-REV. 1/1/68

N 8540

B-422 70 11674

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11674

1. NAME OF DECEASED (Type or Print) Tillie (Pelage) Blazek
BLAZEK, MRS. Tillie A.

2. DATE AND HOUR OF DEATH 12/1/70 8:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
CHURCH HOME & HOSPITAL
Broadway & Fayette St.
BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY 2-03
C. CITY OR TOWN BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 1906 AliceANNA #21231 ST

5. SEX F
6. RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 8/27/96
9. AGE (In years last birthday) 74
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Stanislaus Andrzejewski
ANDRZEJEWSKI, STANISLAW
14. MOTHER'S MAIDEN NAME Maryanna Putz (Booth)
MARY ANNA PUTZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-22-1916
17. INFORMANT Thaddeus Grochowina – 7 Overpark Ct. #21234 ADDRESS

MEDICAL CERTIFICATION

18. 433.91 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH Hemiplegia, CVA, thrombosis

(A) IMMEDIATE CAUSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24-48 hrs.
DUE TO, OR AS A CONSEQUENCE OF: Generalized arteriosclerosis — indefinite
malnutrition
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No) NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from NOV. 28 19 70 to DEC. 1 19 70 that ~~I~~ (we) last saw the deceased alive on DEC. 1 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE Ma. Elena V. Mangay M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED 12-1-70
23C. PHYSICIAN'S NAME (Type) MA. ELENA V. MANGAY M.D. DEGREE
23D. ADDRESS Church Home + Hospital 100 N Broadway, Balto. Maryland

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 1/4/70
24C. NAME of CEMETERY or CREMATORY St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland (State)

25A. DATE REC'D BY HEALTH DEPT. DEC 2 1970
25B. NAME OF REGISTRAR Robert E. Farber M.D.
25C. FUNERAL DIRECTOR George A. Weber – 705 S. Ann St. #21231 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-436 70 11675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11675

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GILBERT FEDER

2. DATE AND HOUR OF DEATH: 11/23/70 | a m M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 11/23/70 — Md
B. COUNTY: 23-01
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1030 Hanover St

5. SEX: M
6. RACE: M N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 77 y
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S-C
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gilean Cook | ADDRESS: 1030 Hanover St

MEDICAL CERTIFICATION

18. 41017 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic Cardiovascular Disease — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Recurrent Pulmonary Emboli — Months.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 1970 to October 1970 that (I) (we) last saw the deceased alive on October 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gerald Ferrison, MD. DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 11/24/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/70
24C. NAME of CEMETERY or CREMATORY: Garden Mem Park
24D. LOCATION (City, town, or county) (State): Laurel Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: J. L. Brown & Son
ADDRESS: 1230 Montgomery St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1892

BIRTH NO. C-140 70 11676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11676

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SOPHIE (Zofia) CIEPIELA

2. DATE AND HOUR OF DEATH: November 30, 1970 3:02 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 400 S. Washington Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/14/03
9. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10B. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Drozd
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 217-40-2845
17. INFORMANT: Mr. Frank A. Ciepiela, Hanover, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412 R Gen A S CVI — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hypertensive CVI — 10 +

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1959 19__ to 11-30-70 19__, that (I) (we) last saw the deceased alive on 11-9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Nizuk MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-1-70
23C. PHYSICIAN'S NAME (Type): Theo. T. NIZNIK MD DEGREE
23D. ADDRESS: 429 S Chester St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: M.F. SADOWSKI & SONS, 1808 EASTERN AVE

VS 150-REV. 1/1/68

C5341

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11677

1. NAME OF DECEASED (Type or Print): Charles Robert Cantwell

2. DATE AND HOUR OF DEATH: 11/26/70, 11 Am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Public Health Service Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pa.
B. COUNTY: V-35
C. CITY OR TOWN: Philadelphia
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1416 S. 5th St.

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/12/07
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Cantwell
14. MOTHER'S MAIDEN NAME: Anna Cooper

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/4 hr.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Esophageal Ca
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/2/ 1970 to 11/26 1970 that (I) (we) last saw the deceased alive on 11/26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Tseng M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type): S. TSENG DEGREE
23D. ADDRESS: US PHS Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem.
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Wm. J. Tichner + Sons
ADDRESS

VS 150-REV. 1/1/68

1

C-600 70 11678 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 11678

1. NAME OF DECEASED (Type or Print): FANNY CHERRY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 25 Year 1970 Hour 3:05 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 8-02
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 1961 Pearlman Place

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 2/15/37
10. AGE (In years last birthday): 33 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A Walker
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lossie Hicks
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.:
18. INFORMANT: Hilbert Cherry ADDRESS: 1961 Pearlman Place

MEDICAL CERTIFICATION

19. E955X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Gunshot wound of Abdomen

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: R
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1961 Pearlman Place 8-02
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-25-70 2:40 Am.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of abdomen

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 11/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11.28.70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Leslie Carroll ADDRESS: Balto. Md 13

VS 151-REV. 3/1/68

N 879.1

57-91-28 da

W-560

BIRTH NO. 70 11679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11679

1. NAME OF DECEASED (Type or Print): WOOMER, HAROLD MILROY

2. DATE AND HOUR OF DEATH: BCH 11-29-70 1:45 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: BALTIMORE CO. 53.00

C. CITY OR TOWN: ~~Baltimore~~ DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2029 Paulette Road Apt. 101 21222

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-20-08 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10B. KIND OF BUSINESS OR INDUSTRY: BLDG. MAINTENANCE

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Angus M. WOOMER

14. MOTHER'S MAIDEN NAME: Emma MILLER

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 716-07-3357

17. INFORMANT: BCH ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 430.9

(A) IMMEDIATE CAUSE: Ruptured intracranial aneurysm. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 da

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): No

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): No 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? No

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 4 19 70 to Nov 29 19 70 that (I) (~~we~~) last saw the deceased alive on Nov 28 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour ~~and from~~ the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/29/70

23C. PHYSICIAN'S NAME (Type): BRUCE NORTHRUP M.D. DEGREE — 23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 12-1-70 — 24C. NAME of CEMETERY or CREMATORY: OAK LAWN — 24D. LOCATION (City, town, or county) (State): BALTO. CO., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970 — 25B. NAME OF REGISTRAR: Robert E. Fabian, M.D. — 25C. FUNERAL DIRECTOR: Walter Brooks Bradley, Dundalk, Md. ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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P500

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11680

REG. NO. 70 11680

1. NAME OF DECEASED (Type or Print): JOSEPH PINN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 30 Year 1970 Hour 5:55 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2024 Mc Culloh St.

6. SEX: male

7. RACE: negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12-28-12

10. AGE (In years last birthday): 58
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Pinn

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Florence Nelson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

17. SOCIAL SECURITY NO. 217-05-8858

18. INFORMANT: Bessie Pinn-wife ADDRESS name

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E 965X

(A) IMMEDIATE CAUSE: Gunshot wound of abdomen

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2034 Mc Culloh St. 14-03

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-18-70 6:40 p m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Shot by unknown assailant

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 12-1-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-4-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H.

ADDRESS: 1348 Calhoun St.

VS 151-REV. 7/1/68

N 879.1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-416 70 11681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11681

1. NAME OF DECEASED (Type or Print): OLIVER, Sammie Lee

2. DATE AND HOUR OF DEATH: 11-27-70 5:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-09
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2802 ~~Ladden~~ LOUDON Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-20-30
9. AGE (In years last birthday): 40
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parking Lot Attendant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summerton, S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Bill Jones
14. MOTHER'S MAIDEN NAME: Amanda Oliver
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 2-8-51 to 2-21-53
16. SOCIAL SECURITY NO.: 249-44-5574
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 250.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHRONIC RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) DIABETES MELLITUS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from November 23, 19 70 to November 27, 19 70 that I (we) last saw the deceased alive on November 27, 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: William H. Barber, Jr. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): WILLIAM H. BARBER, JR., M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard
Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Mt Zion
24D. LOCATION (City, town, or county) (State): Brooklyn A. A. Co. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: Thurnell B. Oden
ADDRESS: Balto Md

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11682 REG. NO. 70 11682

1. NAME OF DECEASED (Type or Print): Garland H. Robinson GARLAND ROBINSON

2. DATE AND HOUR OF DEATH: 12. 1. 70 5:10 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltimore City Hospitals
4940 Eastern Avenue, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: 27-16
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2920 DUPONT AVE 21215

5. SEX: Male 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-14-21 9. AGE (In years last birthday): 49 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOT WORKING.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Robinson
14. MOTHER'S MAIDEN NAME: Edna Lake

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 6/22/43 to 1/26/46
16. SOCIAL SECURITY NO.: 220-07-5521
17. INFORMANT: Estelle Greene - friend ADDRESS: Records: BCH-4940 Eastern Avenue 21224

MEDICAL CERTIFICATION

18. E999X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: 30% 3rd Degree Burns. — 12 Days.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): HYPERTENSION

CERTIFICATION APPROVED BY: CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [✓] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): HOME 27-16
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11/18/70
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [✓] (2)
21F. HOW DID INJURY OCCUR? Burnt with Cigarette.

22. I certify that (I) (this hospital) attended the deceased from 11/18/ 19 70 to 12-1-70 19 and that (I) (we) last saw the deceased alive on 11/30/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Nahai DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): Dr. Nahai Dr. NAHAI. DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. BALTIMORE CITY HOSPITAL 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: Balto. Natl. Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: W. Bailey Kelson F.H. ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

Released By Medical Examiner Dr Mihaoris.

B6351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11683 REG. NO. 70 11683

1. NAME OF DECEASED (Type or Print): Retha Burton

2. DATE AND HOUR OF DEATH: 1-Dec-70 445 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: BA Co. 5200
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2107 Goodwood Rd

5. SEX: F
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-10-13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Regua
14. MOTHER'S MAIDEN NAME: Nora Saylos

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Diana Rymes ADDRESS: 2205 Sidney 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3+ yrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus (?)

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 29-Nov 19 70 to 1-Dec 19 70, that (I) ~~(we)~~ last saw the deceased alive on 1-Dec 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard E Fisher MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 1-Dec-70
23C. PHYSICIAN'S NAME (Type): Richard E Fisher MD DEGREE
23D. ADDRESS: South Balt. Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4 Dec. 70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L 200

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11684

REG. NO. 70 11684

1. NAME OF DECEASED (Type or Print): WILLIAM LEWIS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 29,1970 Hour 12:20 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1323 N. Fulton Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1323 N. Fulton Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: March 31, 1895
10. AGE (in years last birthday): 75
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Lewis

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Missourri ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 218-10-7994A
18. INFORMANT: E. Marie Lewis ADDRESS: 1323 North Fulton Avenue

MEDICAL CERTIFICATION

19. 4/2.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Acute Urinary Retention

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Arbutus memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Zelby, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 North Monroe St.

VS 151-REV. 1/1/68

T656 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11685 REG. NO. 70 11685

1. NAME OF DECEASED (Type or Print): TURNER, EDMOND G.

2. DATE AND HOUR OF DEATH: Nov, 29, 1970 11.05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

34 BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 18-021

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 104 N. CARLTON ST.

5. SEX: M 6. RACE: B 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/30/18 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Turner

14. MOTHER'S MAIDEN NAME: Cora Monroe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.

17. INFORMANT: Edna Johnson ADDRESS: 2610 Huron St

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 153.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intestinal obstruction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) carcinoma of colon — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Bilat. cerebrobronchopneumonia — 1 week

19A. DATE OF OPERATION: 10/19/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal obstruction 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from October, 12 19 70 to November, 29 19 70 that (I) (we) last saw the deceased alive on Nov. 29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas Pritchard DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: Nov, 29, 70.

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/4/70 24C. NAME of CEMETERY or CREMATORY: Mt Auburn 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970 25B. NAME OF REGISTRAR: Robert E. Farley M.D. 25C. FUNERAL DIRECTOR: Charles O. Rice ADDRESS: 661 W. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

O-358

BIRTH NO. 70 11686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11686

1. NAME OF DECEASED (Type or Print): Odom Theodore

2. DATE AND HOUR OF DEATH: 11-27-70 | 8:45 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital 730 Ashburton Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-08
C. CITY OR TOWN: Balto. Md
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 620 N. Augusta Ave

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 1890
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ?????
14. MOTHER'S MAIDEN NAME: ???

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Chart, ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HEART FAILURE — 782.4 — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-24 1970 to 11-27-70 1970 845 PM that (I) (we) last saw the deceased alive on 11-27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-27-70
23C. PHYSICIAN'S NAME (Type): Nassir SAGHAFI, M.D. DEGREE
23D. ADDRESS: Lutheran Hosp. of Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/70
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 [redacted]
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W orth Av

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-420 70 11687

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11687

1. NAME OF DECEASED (Type or Print): Frederick KULICK

2. DATE AND HOUR OF DEATH: 11-29-70 | 10,35 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-19
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5713 Winner Ave.

5. SEX: M. 6. RACE: W. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/9/1917 9. AGE (In years last birthday): 53 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? USA 70 11688

13. FATHER'S NAME: Adolph Kulick
14. MOTHER'S MAIDEN NAME: Amelia Asman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 186-05-2943
17. INFORMANT: Mrs Mildred Kulick same ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 250.9

(A) IMMEDIATE CAUSE: Acute MI — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ? hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD and CHF — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus. Kidney Failure — years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1967 to 11-29- 1970 that (I) (we) last saw the deceased alive on 11-29- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Adair MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-29-70
23C. PHYSICIAN'S NAME (Type): Jose ARDAIZ, MD DEGREE
23D. ADDRESS: COLONY Apts. 7 Oberlin Court TOWSON, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: St. Paul's Cem.
24D. LOCATION (City, town, or county) (State): Violetville, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Leomard J. Ruck Inc. Balto. Md. ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. J-212 70 11688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11688

1. NAME OF DECEASED (Type or Print): John W Jacobs

2. DATE AND HOUR OF DEATH: November 28, 1970 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2408 East Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 27-33

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2408 E. Cold Spring Lane

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 6, 1885

9. AGE (In years last birthday): 85

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter RET.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel W Jacobs

14. MOTHER'S MAIDEN NAME: Lucy Webster

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 224-03-1559

17. INFORMANT: Mrs Lelia I Jacobs ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Feb 70 19 70 to Nov 28 19 70 that (I) (~~we~~) last saw the deceased alive on Nov. 21 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. Henry Haase DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type): J. Henry Haase M.D. DEGREE

23D. ADDRESS: 2926 E. Coldspring Lane Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/1/70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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S-432

BIRTH NO. 70 11689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11689

1. NAME OF DECEASED (Type or Print): John J. Shultz

2. DATE AND HOUR OF DEATH: 11/30/70 | 12:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 26-32

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4203 Raymar Ave.

4/4/99

5. SEX: M. 6. RACE: W. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 27, 1908 9. AGE (In years last birthday): 62 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): F&M Schaeffer Brew. Co.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Shultz

14. MOTHER'S MAIDEN NAME: Mary -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): Peacetime

16. SOCIAL SECURITY NO.: 212-05-7572

17. INFORMANT: Mary Shultz ADDRESS: 4203 Raymar Ave. Balto. Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — >10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

(?) Previous Myocardial Infarction; Congestive Heart Failure; Atrial Fibrillation; Hiatal Hernia

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/28/ 1965 to 11/30/ 1970 that (I) (~~we~~) last saw the deceased alive on 11/6/ 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We) (did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY, M.D. DEGREE

23D. ADDRESS: 4900 Belair Road Balto., Md. 21206

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec 3-70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970

25B. NAME OF REGISTRAR: Robert E. Hartley M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc ADDRESS: Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burning; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-635 70 11690

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11690

1. NAME OF DECEASED (Type or Print): James Bernard B. Reardon

2. DATE AND HOUR OF DEATH: Nov 29, 1970 | 5 05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 27-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 2610 Evergreen Ave.

5. SEX: M 6. RACE: Cau 7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1/16/05 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY: R.R. Express Co

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B. Reardon

14. MOTHER'S MAIDEN NAME: Charlotte Donohue

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-01-7447

17. INFORMANT: Mrs. Saloemea Reardon ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 29 19 70 to Nov 29 19 70 that (I) (~~we~~) last saw the deceased alive on Nov 29 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: David J. Powner, MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: Nov 29, 1970

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/3/70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-365 70 11691

REG. NO. 70 11691

1. NAME OF DECEASED (Type or Print): Emma M. Medrano

2. DATE AND HOUR OF DEATH: Dec. 1. 1970 | 5 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ North Bourne Rd. 27-49

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1605 Northbourne Rd.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9-15-85

9. AGE (In years last birthday): 85

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cuba

12. CITIZEN OF WHAT COUNTRY? Cuba

13. FATHER'S NAME: Manuel Medrano

14. MOTHER'S MAIDEN NAME: Caridad Alvarez (Dec)

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-58-3590

17. INFORMANT: Dr. Refael Santayana Same

ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 436.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 20. 19 70 to Dec. 1. 19 70 that (I) (we) last saw the deceased alive on Dec. 1. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Susumu Kinjo M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Dec. 1. 1970

23C. PHYSICIAN'S NAME (Type): Susumu Kinjo M.D. DEGREE

23D. ADDRESS: 300 South Hanover Street, Baltimore, MD 21230

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12/3/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto, Md.

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. W-320 70 11692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11692

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MRS WITTICH, L. ROBERTA

2. DATE AND HOUR OF DEATH: 12. 1 1970 | 3.40 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 12-02
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 118 E. 33RD STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 06-11-1894
9. AGE (In years last birthday): 76
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): N CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J. S. ROSS
14. MOTHER'S MAIDEN NAME: PATTY NORRIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-22-8254
17. INFORMANT: MRS. WM. C. HARRISON — ADDRESS: 325 HOMELAND SOUTHWAY

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 444.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MASSIVE MESENTRIC ARTERY THROMBOSIS (POST-OPERATIVE)

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11. 19. 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ACUTE PANCREATITIS MESENTRIC ARTERY THROMBOSIS
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11. 19. 1970 to 12. 1. 1970 that (I) (we) last saw the deceased alive on 12. 1. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rau — DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12-1-1970
23C. PHYSICIAN'S NAME (Type): DR R. RAU — M D DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore County, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 2 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. — ADDRESS: 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-413 70 11693 REG. NO. 70 11693

1. NAME OF DECEASED (Type or Print): Leo F. Slavotinek

2. DATE AND HOUR OF DEATH: 11/28/70 1:30 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: HALETHORPE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4612 Ridge Ave.

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12/9/31

9. AGE (In years last birthday): 38

If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse Co.

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony J. Slavotinek

14. MOTHER'S MAIDEN NAME: Mary Wanda C.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes ~~XXX~~ (If yes, give war or dates of service): Korean

16. SOCIAL SECURITY NO.: 298 18 4520

17. INFORMANT: Mrs. Elaine M. Slavotinek, 4612 Ridge Ave. ADDRESS: 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Subarachnoid Hematoma	hrs
DUE TO, OR AS A CONSEQUENCE OF: (B)	Metastatic Carcinoma	Months
DUE TO, OR AS A CONSEQUENCE OF: (C)	Carcinoma of Lung	months

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Roger Little MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): R. Roger Little DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-2-1970

24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS: 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-635 70 11694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11694

1. NAME OF DECEASED (Type or Print): Bridner Alvin B.

2. DATE AND HOUR OF DEATH: 11-29-1970 10 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital of Md. 730 Ashburton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 54 Glenwood Ave Balt. Md
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 54 Glenwood Ave Balto Md 21228

5. SEX: male 6. RACE: white 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-17-04 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Bridner
14. MOTHER'S MAIDEN NAME: Rosa Belle Jackson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-4641
17. INFORMANT: Leona E. Bridner ADDRESS: 54 Glenwood Ave Balto, Md 21228

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Advanced Carcinometosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cancer Lung - liver metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-22 1970 to 11-29 1970, that (I) (we) last saw the deceased alive on 11-29 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Grace M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-29-70
23C. PHYSICIAN'S NAME (Type): Ali Afroktteh M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Good Shepherd
24D. LOCATION (City, town, or county) (State): Ellicott City Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Higinbotham-Slack
ADDRESS: Ellicott City Md 21043

VS 150-REV. 1/1/68

1

W-550 70 11695

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11695

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Pierre J. Wannlyn

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month 11 Day 29 Year 70 Hour 7:50 p. M.

3. DATE PRONOUNCED DEAD — Month 11 Day 29 Year 70 Hour 7:50 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OD
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1010 Patapsco Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2302
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1010 Patapsco Street

6. SEX: male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 4-7-1904
10. AGE (In years last birthday): 66
If Under 1 Yr. or Under 24 Hrs. — Months: Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): Bedford Co. Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph E. Wannlyn
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Josephine Carterveax
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
17. SOCIAL SECURITY NO.: ?
18. INFORMANT: Masood Funeral Home, ADDRESS: Saxton Penna.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 4124 Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 21
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [XX] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [XX]
DATE SIGNED: 11/30/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Odd Fellows Cem.
24D. LOCATION (City, town, or county) (State): Hopewell Penna.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Higginbotham-Slack
ADDRESS: Ellicott City, Md 21043

VS 151-REV. 1/1/68

HBD

1

FUNEAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-456 70 11696

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11696

1. NAME OF DECEASED (Type or Print): CHALMERS, JAMES BURNET

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1970 12:50A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: HOWARD 21043 6300

C. CITY OR TOWN: ELLICOTT CITY

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4256 COLUMBIA RD.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 06 19 12

9. AGE (In years last birthday): 58

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: STEEL

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT SCOTT CHALMERS

14. MOTHER'S MAIDEN NAME: ADELE (BURNET)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216104069

17. INFORMANT: AVES, BALTO., MD. ADDRESS: ST. AGNES HOSP. RECORDS-CATON & WILKENS 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 410.9+250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Diabetes Mellitus

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 25 19 70 to NOVEMBER 26 19 70 that (X) (we) last saw the deceased alive on NOVEMBER 26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11 26 70

23C. PHYSICIAN'S NAME (Type): SALVADOR QUIROZ M.D. DEGREE

23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-30-70

24C. NAME of CEMETERY or CREMATORY: St Johns Cem.

24D. LOCATION (City, town, or county) (State): Ellicott City Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Higinbotham-Slack

ADDRESS: Ellicott City, Md 21043

VS 150-REV. 1/1/68

S-265 70 11697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11697

BIRTH NO.

1. NAME OF DECEASED (Type or Print): David Sugarman

2. DATE AND HOUR OF DEATH: 11/28/70 3:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US. Public Health Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Pa B. COUNTY: V-35

C. CITY OR TOWN: Phila D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1222 Locust St.

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4/1/96 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Engr.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Sugarman

14. MOTHER'S MAIDEN NAME: Anna Winer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): USN 1917-1920

16. SOCIAL SECURITY NO. 167 12 6446

17. INFORMANT: US Public Service Health Hosp. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Emboli — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) Meningeal Sarcoma — yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-20 1970 to 11-28 1970, that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Roger Little MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): R. Roger Little MD DEGREE

23D. ADDRESS: 3100 Wyman Park Drive

24A. BURIAL CREMATION, REMOVAL (Specify): XXX Removal

24B. DATE: 12/3/70

24C. NAME of CEMETERY or CREMATORY: Phila. Mem. Park

24D. LOCATION (City, town, or county) (State): Philadelphia, Penna.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Fisher M.D.

25C. FUNERAL DIRECTOR: Robert C. Altenburg Funeral Home, Inc. ADDRESS: 6009 Harford Rd. - Balto., Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-160 70 11698

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11698

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JENNIE JEFFREY

2. DATE AND HOUR OF DEATH: 11/27/70 — 6:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2220
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4008 FALLSTAFF ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10-9-1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: MERCHANT
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ISAAC KAPLAN
14. MOTHER'S MAIDEN NAME: LEAH ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. K. MICHAEL JEFFREY, 4008 FALLSTAFF RD., #1
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 410.9 ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ASCVD — YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): HEART BLOCK — PACEMAKER — 3 YRS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from JUNE 1969 to NOV 27 1970 that (I) (~~we~~) last saw the deceased alive on NOV 27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph C. Matchar DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/70
23C. PHYSICIAN'S NAME (Type): JOSEPH C. MATCHAR MD DEGREE
23D. ADDRESS: 6821 REISTERSTOWN Rd., BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-29-70
24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tesler M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
ADDRESS

VS 150-REV. 1/1/68

K-450 70 11699

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11699

1. NAME OF DECEASED (Type or Print): Sara R. Kellam

2. DATE AND HOUR OF DEATH: 11-26-1970 8:40p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 6912 TOWNBROOK ROAD #21207 ~~Belvedere at Greensprings Apartments~~

5. SEX: Female
6. RACE: WHITE ~~XXXXXXXXXX~~
7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-7-~~1894~~ 1893
9. AGE (In years last birthday): ~~76~~ 77
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ASHER BETTIGOLE
14. MOTHER'S MAIDEN NAME: ROSE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 230-42-5230B
17. INFORMANT: MR. SIDNEY I. KELLAM, ADDRESS: P.O. BOX 2753 HARRISBURG, PA. 17105

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral bronchopneumonia — Approximate interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Decubitus ulcer

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-26 1967 to 11-26 1970 that (I) (we) last saw the deceased alive on November 26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [ ] Med. Director [x] Staff Phys. [ ]
23B. DATE SIGNED: November 27, 1970
23C. PHYSICIAN'S NAME (Type): Theodore R. Reiff, M.D. DEGREE
23D. ADDRESS: Levindale Hebrew Home, Baltimore, Maryland

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-27-70
24C. NAME of CEMETERY or CREMATORY: AITZ CHAIM
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-530 70 11700

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11700

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FRANK D. BENNETT

2. DATE AND HOUR OF DEATH: 11/28/70 | 10 P. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE. 602

C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE

D. STREET ADDRESS (If rural, give location): 2602 E. BALTIMORE ST.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): DIVORCED

8. DATE OF BIRTH: XXXXXXXXXX

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XXXXXXXXXPROPRIETOR

10B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WOLF BENNETT

14. MOTHER'S MAIDEN NAME: SARAH KREIGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-6481

17. INFORMANT: MISS ROSE BENNETT, 2602 E. BALTIMORE ST.

ADDRESS

MEDICAL CERTIFICATION

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) CONGESTIVE HEART FAILURE

DUE TO OR PULMONARY EMBOLUS.

(B) ASCVD.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-19 1970 to 11-28 1970, that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael A. Grasso M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11-28-70

23C. PHYSICIAN'S NAME (Type): MICHAEL A. GRASSO M.D.

23D. ADDRESS: MARYLAND GENERAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11-30-70

24C. NAME of CEMETERY or CREMATORY: HEBREW FRIENDSHIP

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

VS 150-REV. 1/1/65

1

G-621 70 11701

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11701

1. NAME OF DECEASED (Type or Print) JOSEPH GROSSFELD DR. MICHAEL ~~GROSSKIEN~~

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year November 27,1970 Hour 3:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 7121 Park Heights Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 2720

6. SEX Male

7. RACE White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH 1-22-1904

10. AGE (In years last birthday) 66X

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER 7121 Park Heights Avenue, APT. 202

11. BIRTHPLACE (State or foreign country) GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME SAMUEL GROSSFELD

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN

14B. KIND OF BUSINESS OR INDUSTRY GENERAL SURGEON

15. MOTHER'S MAIDEN NAME CARRIE ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT MR. HOWARD M. GROSSFELD, ADDRESS 3629 PASKIN Pl. #7

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4124

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 11-30-70

24C. NAME of CEMETERY or CREMATORY BNAI ISRAEL

24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. DEC 3 1970

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., ADDRESS 6010 REISTERSTOWN ROAD

VS 151-REV. 1/1/68

BIRTH NO. 8-168 70 11702

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11702

1. NAME OF DECEASED (Type or Print): CHARLES WILLIAM ROBERTS

2. DATE AND HOUR OF DEATH: Nov. 29, 1970 | 5:17 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore County

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Catonsville 2642

D. STREET ADDRESS (If rural, give location): House in the Pines - Ingleside Ave.

5. SEX	6. RACE	7. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	Divorced	6/16/1897	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self Employed	Sea Food	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: Charles Roberts

14. MOTHER'S MAIDEN NAME: Bessie Mc Donald

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-32-0476

17. INFORMANT: A Dorothy Valdivia ADDRESS: Glen Burnie Md. 204- 7th Av. SE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Peritonitis — 1 da.

DUE TO

(B) Ruptured appendix — 1 da.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. a.s.c.v. Diverticulitis

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2-25 1970 to 11-29 1970, that (I) (~~we~~) last saw the deceased alive on 11-29 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: W. K. Gallager Sr. M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11-30-70

23C. PHYSICIAN'S NAME (Type): Wilmer K Gallager, Sr M.D.

23D. ADDRESS: 6209 Frederick Ave, Balt., Md. 21228

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Rose Fabian, M.D.

25C. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4348 Shamrock Ave. 21206

M-200 70 11703

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11703

1. NAME OF DECEASED (Type or Print): Betty Moze

2. DATE AND HOUR OF DEATH: 11-29-70 | 3 55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1101

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1301 St. Paul St.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 22, 1936

9. AGE (In years last birthday): 34

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Moze

14. MOTHER'S MAIDEN NAME: Anna Progar

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 165-28-5348

17. INFORMANT: Yoney Funeral Home

ADDRESS:

MEDICAL CERTIFICATION

18. 303.9 V-250.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: CARDIAC ARREST.

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B) GRAM Negative Septicemia + Urinary Tract infection

DUE TO, OR AS A CONSEQUENCE OF:

(C) Alcoholism + Diabetes Mellitus.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that ~~(I)~~ (we) last saw the deceased alive on _____ 19 ____ and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Patrick A Mulcahy MD (DEGREE)

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/29/70.

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY: St. Patricks Cemetery

24D. LOCATION (City, town, or county) (State): Canonsburg, Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNEREAL DIRECTOR: Armacost Funeral Chapel

ADDRESS: 4600 Liberty Hghts

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-450 70 11704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11704

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM JEAN HOLM

2. DATE AND HOUR OF DEATH: 1 DEC. 1970 | 8:20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GEN. HOSP. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: ANNE Arundel 5200

C. CITY OR TOWN: Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 413 Cotter RD.

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-22-10 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Services

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugo W. Holm

14. MOTHER'S MAIDEN NAME: Emily (Steiner)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 350-07-6664

17. INFORMANT: Mrs. Ida W. Holm - wife ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): CARCINOMA of PANCREAS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): BILIARY OBSTRUCTION — 2 WEEKS

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 NOV 1970 to 1 DEC 1970 that (I) (we) last saw the deceased alive on 1 DEC 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary A. Belaga, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 1 DEC 1970

23C. PHYSICIAN'S NAME (Type): GARY A. BELAGA, M.D. DEGREE

23D. ADDRESS: 3001 S. HANOVER ST.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/4/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Pk

24D. LOCATION (City, town, or county) (State): Elkridge md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: R.V. Singleton / Glen Burnie, md. ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-620 70 11705

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11705

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JUANITA M. HARRIS

2. DATE AND HOUR OF DEATH: Nov, 30 '70 | 11 50 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital 45

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 904
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2603 Greenmount Ave.

5. SEX: female
6. RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): widowed
8. DATE OF BIRTH: 10-05, 95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER
10B. KIND OF BUSINESS OR INDUSTRY: Fire Extinguisher Company
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert F. Mears
14. MOTHER'S MAIDEN NAME: Nettie Tarr

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-38-4459
17. INFORMANT: Wm. K. Harris, Jr. ADDRESS: Same as #4D

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 433.9 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebellar thrombosis — 2 months

DUE TO

(B) Pneumonia & septicemia — 1 week

DUE TO

(C) arteriosclerosis — several years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: decubitus ulcer — 1 month

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from Oct 24 1970 19 to Nov 30 1970, that ~~I~~ (we) last saw the deceased alive on Nov 30 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jae H. Hong M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Nov 30, '70
23C. PHYSICIAN'S NAME (Type): JAE H. HONG M.D.
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jeffers M.D.
25C. FUNERAL DIRECTOR: Wm Cook-Brooks Towson, Inc. ADDRESS: Towson, Md.

VS 150-REV. 1/1/65

Maryland General Hospital

widowed

Fire Extinguisher Company

Owner		Virginia
Albert T. Marks	Hattie Tarr	
No	316-38-4452 Wm. K. Harris, Jr.	Same as #1

1

70 11706

BALTIMORE CITY HEALTH DEPARTMENT

S-150

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11706

CERTIFICATE AMENDED 12-23-70

1. NAME OF DECEASED (Type or Print): LLOYD SPOON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 28 Year 1970 Hour 1:03 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOSPITAL OR INSTITUTION: 44 UNION MEMORIAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY 1338

6. SEX: Male

7. RACE: White

8. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: MAR 3-1929

10. AGE (In years last birthday): 41 If Under 1 Yr. Months Days Hours Min.

E. STREET AND NUMBER: 1518 Millrace Road

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER L. SPOON

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: PEARL COLLINS

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: LUCY SPOON ADDRESS: 1518 MILLRACE RD

MEDICAL CERTIFICATION

19. E968X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I (A) IMMEDIATE CAUSE: Subdural Hematoma and contusions of brain

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty Metamorphosis of Liver

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? 801 Lancaster St. 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-27-70 4:15?P m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? ? Subject hit on head with pipe

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ ~~Accident~~ ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL-REM

24B. DATE: 11/29/70

24C. NAME of CEMETERY or CREMATORY: METHODIST CEM

24D. LOCATION (City, town, or county) (State): LYNCHBURG VA

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME - BALTO MD FOR WHITTEN FUNERAL HOME

ADDRESS: LYNCHBURG VA

VS 151-REV. 1/1/68

N 857.1

Letter from M.E.'s office 12-23-70 M.H.

P-452 70 11707

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11707

1. NAME OF DECEASED (Type or Print): Lillian L. Plank

2. DATE AND HOUR OF DEATH: Nov. 30, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

43 South Balto. Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2403

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1302 William St.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 6, 1915

9. AGE (In years last birthday): 55

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown Peterson

14. MOTHER'S MAIDEN NAME: Unknown Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Carol Sisk ADDRESS: Hanover Rd. Hanover Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Chronic obstructive lung dis

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sheldon Hedgens DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12 3 70

24C. NAME of CEMETERY or CREMATORY: Glen Haven

24D. LOCATION (City, town, or county) (State): Glen Burnie, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Mc Cully ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-352 70 11708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11708

1. NAME OF DECEASED (Type or Print): Rev. Claude M. Adams

2. DATE AND HOUR OF DEATH: 27 November 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Edgewood Nursing Home 6000 Belona Avendu

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1348
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4231 Elsa Terrace

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 29 Nov 1890
9. AGE (In years last birthday): XX 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10B. KIND OF BUSINESS OR INDUSTRY: Methodist Church
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Adams
14. MOTHER'S MAIDEN NAME: Lettie Adams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212 36 7982
17. INFORMANT: Alverna L. Riggs
ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 173.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Skin cancer of face

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 19 70 to 11/27 19 70, that (I) (~~we~~) last saw the deceased alive on 11/27 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Edward L. Glassman DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): Dr. Edward L. Glassman DEGREE
23D. ADDRESS: 4027 Falls Road Baltimore Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 30 Nov 70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Tolley M.D.
25C. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: Baltimore Maryland
By: Wm. M. Burgee Jr.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-362 70 11709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11709

1. NAME OF DECEASED (Type or Print): Rachel M. Hedrick

2. DATE AND HOUR OF DEATH: 29 November 70 11 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1206 W. Northern Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2755
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1206 W. Northern Parkway

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [X]
8. DATE OF BIRTH: 20 Nov 1887
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Allen
14. MOTHER'S MAIDEN NAME: Belle Chapple

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213 50 5156
17. INFORMANT: Dorothy E. Hedrick
ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4122 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Decompensation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic CVD & Hypertension — 1949.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-15 1949 to 11-29 1970, that (I) (we) last saw the deceased alive on 11-28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lawrence J. Shimanek M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): Dr. Lawrence J. Shimanek DEGREE
23D. ADDRESS: 3711 Falls Road, Baltimore Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2 Dec 70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tedeschi M.D.
25C. FUNERAL DIRECTOR: Burgee Funeral Home, Baltimore Maryland
ADDRESS
By: [signature]

VS 150-REV. 1/1/68

W-410 70 11710

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11710

1. NAME OF DECEASED (Type or Print): IDA MAY WOLF

2. DATE AND HOUR OF DEATH: 11/28/70 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): EGULD CONV. HOME BELAIR RD.

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTO. 5300

C. CITY OR TOWN: SPARROWS POINT D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 915 H STREET

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 5/7/77 9. AGE (In years last birthday): 93 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SWOPE

14. MOTHER'S MAIDEN NAME: MARGARET STEWART

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: ZACK WOLF ADDRESS: 2017 HILLENWOOD RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocardial Infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Vascular Disease. —

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Old Myocardial Infarct. Cataract, Chronic Bronchitis + Emphysema Prostate Stroke + Hypertension Chronic Brain Syndrome

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/21/19 70 to 11/28/19 70, that (I) (~~we~~) last saw the deceased alive on 11/28/19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY MD DEGREE

23D. ADDRESS: 4900 BELAIR RD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE

24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Feeney M.D.

25C. FUNERAL DIRECTOR: J. G. CONNELLY SONS ADDRESS: 300 MAC

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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57-90-03 d/s P-362

BIRTH NO. 70 11711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11711

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Petrosky, Mary Jane

2. DATE AND HOUR OF DEATH: 11/29/70 2:50 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: ESSEX D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 33 Maxwell Road 21220

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-20-16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard SWAUGER
14. MOTHER'S MAIDEN NAME: Mary SPIKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gram negative Septic Shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) E Coli pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Multiple Sclerosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Decubitus ulcers

340X

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (~~this hospital~~) attended the deceased from 11/27 19 70 to 11/29 19 70 that (I) (~~we~~) last saw the deceased alive on 11/29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H.S. Goldberg, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/29/70
23C. PHYSICIAN'S NAME (Type): H.S. Goldberg, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Foxley, M.D.
25C. FUNERAL DIRECTOR: J. G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

BIRTH NO. M-460 70 11712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11712

1. NAME OF DECEASED (Type or Print): JAMES C. MILLER

2. DATE AND HOUR OF DEATH: 11-26-70 10 45 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO XX
E. STREET AND NUMBER: 37 CHERRY GARDEN ROAD

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-16-43
9. AGE (In years last birthday): 27
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: WIRE
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAUDE MILLER
14. MOTHER'S MAIDEN NAME: FERRELL GENTRY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-38-0093
17. INFORMANT: MARY MILLER ADDRESS: ABOVE

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 WKS

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 10-20-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Rectal Mass
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-12 1970 to 11/26 1970, that (I) (we) last saw the deceased alive on 10/26 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sherrell J. Aston M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/26/70
23C. PHYSICIAN'S NAME (Type): SHERRELL ASTON DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: HOLLY HILL
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-98-20 JD 1

J-525 70 11713 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11713

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS JANSEN JANSSEN

2. DATE AND HOUR OF DEATH: 11/29/70 2:59 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Ave. Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: ESSEX
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 100 Ginwood Lane 21220 005

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JULY 4, 1909
9. AGE (In years last birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE JANSSEN
14. MOTHER'S MAIDEN NAME: ELIZABETH FISHBACK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-9523
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) pneumonia — 10 DAYS
DUE TO, OR AS A CONSEQUENCE OF:

(C) CVA, acute MI — 2 WEEKS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 11/6/70 19 to 11/29 19 70 that ~~I~~ (we) last saw the deceased alive on 11/29/70 19 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph Roll MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/29/70
23C. PHYSICIAN'S NAME (Type): Joseph Roll MD. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS
ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-526 70 11714

REG. NO. 70 11714

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Sarah Singer

2. DATE AND HOUR OF DEATH: 11-30-1970 3:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-17
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: Belvedere and Greenspring Avenues

91

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: 5/20/1890
9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Russ.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel
14. MOTHER'S MAIDEN NAME: Toby
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Hospital ADDRESS:

MEDICAL CERTIFICATION

18. 153.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF CECUM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ? YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from January 8 19 62 to November 30 19 70 that (I) (we) last saw the deceased alive on November 30 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore R. Reiff DEGREE
Attending Phys. [ ] Med. Director [x] Staff Phys. [ ]
23B. DATE SIGNED: December 1, 1970
23C. PHYSICIAN'S NAME (Type): Theodore R. Reiff, M.D. DEGREE
23D. ADDRESS: Levindale Hebrew Home

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/70
24C. NAME of CEMETERY or CREMATORY: Ohr Knesseth Israel
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tabey M.D.
25C. FUNERAL DIRECTOR: Sylvan Levin & Son ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

Admitted in '62.
Ch

H-532 70 11715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11715

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma M. Hands

2. DATE AND HOUR OF DEATH: 12-1-70 | 6 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Harborview N.C.C

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1213 Light St, Balt, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1901

C. CITY OR TOWN: Balt

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 420 Parrish St

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 10-2-95

9. AGE (In years last birthday): 75

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hall

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ HALL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 219-10-7923

17. INFORMANT: Mrs. Martha Cooper

ADDRESS: 420 S Parrish St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ASCVD with chronic brain syndrome — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Basal cell Carcinoma of Nose — years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from October 9 1970 to December 1 1970 that ~~(I)~~ (we) last saw the deceased alive on December 1 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Peter H Rheinstein, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: December 1, 1970

23C. PHYSICIAN'S NAME (Type): PETER H. RHEINSTEIN, MD DEGREE

23D. ADDRESS: BOLTON HILL NURSING HOME BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12/4/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem

24D. LOCATION (City, town, or county) (State): BALTO. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Kenney's

ADDRESS: 1400 Hollins St Baltimore

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-162 70 11716 Registered No. 70 11716

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) (Navickas) (Ksavaras) NAVISOKAS KASMVARAS

2. DATE AND HOUR OF DEATH 12/1/70 1 40 PM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY 2740
C. CITY OR TOWN (If outside city limits, write RURAL and give township) Balto
D. STREET ADDRESS (If rural, give location) 6114 Timwood Rd

5. SEX M 6. RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) NEVER MARRIED 8. DATE OF BIRTH 4-15-89 9. AGE (In years last birthday) 81 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY TAILORING 11. BIRTHPLACE (State or foreign country) LITHUANIA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — 14. MOTHER'S MAIDEN NAME —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 214-16-8541 17. INFORMANT Hospital Records ADDRESS

MEDICAL CERTIFICATION

I

1B. 1559.81

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH Aspiration of Gastric Contents

(A) Cardiac arrest

DUE TO Shock and

(B) Peritonitis - pelvic.

DUE TO

(C) Carcinoma of the Colon. Status post on 11/25/70

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary fibrosis, bilateral upper lobes Emphysema + L.V.H. ischemic heart

19A. DATE OF OPERATION 11/25/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ca Rectum 20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 1970 to 12/1 1970, that (I) (we) last saw the deceased alive on 12/1/70 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) A. KARAS. M.D. 23D. ADDRESS M G HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 12-4-70 24C. NAME of CEMETERY or CREMATORY Most Holy Redeemer Cem 24D. LOCATION (City, town, or county) (State) Balto Md

25A. DATE REC'D BY HEALTH DEPT. DEC 3 1970 25B. NAME OF REGISTRAR Robert E. Valley, M.D. 25C. FUNERAL DIRECTOR Thomas J Kenny Inc 1600 Hollins St ADDRESS

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 11717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11717 4

BIRTH NO. M-420 70-21473

1. NAME OF DECEASED (Type or Print): Baby Boy Mills (Newborn)

2. DATE AND HOUR OF DEATH: 11-30-70 | 4 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2102
C. CITY OR TOWN: Balto., Md.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1101 Carroll St

5. SEX: MALE
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-30-70
9. AGE (In years last birthday): If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min. 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alemia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lester Mills
14. MOTHER'S MAIDEN NAME: Alemia, Josephine 1101 Carroll St. ADDRESS Zone 30
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records

MEDICAL CERTIFICATION

18. 7769 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Premature — half an hour

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atelectasis of lungs — 20 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/30/1970 to 11/30/1970 that (I) (we) last saw the deceased alive on 11/30/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. Ruangruchira M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): V. RUANGRUCHIRA M.D. DEGREE
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: St Peters Cem.
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: Thos J Kenny Jr
ADDRESS: 1600 Bolling

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-620 70 11718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11718

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Borowski, Witold

2. DATE AND HOUR OF DEATH: 11-30-70 9 10 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 203

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 706 S. Bethel St.

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 4-21-89 9. AGE (In years last birthday): 81 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPER HANGER 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: — BOROWSKI 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: THOMAS BOROWSKI ADDRESS: 706 S BETHEL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	410.9 Bronchopneumonia	4 days
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	acute Myocardial Infarction	3 weeks
(B) DUE TO, OR AS A CONSEQUENCE OF:	Pneumothorax, tube drainage	2 weeks
(C)	Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	none	

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 27 1970 to Nov 30 1970, that (I) (~~we~~) last saw the deceased alive on Nov 30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin MD DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN MD DEGREE 23D. ADDRESS: 6101 Park Hts Ave Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12/4/70 24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS 24D. LOCATION (City, town, or county) (State): DUNDALK MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970 25B. NAME OF REGISTRAR: Robert E. Jackson M.D. 25C. FUNERAL DIRECTOR: JOHN WEBER & SON ADDRESS: 401 S CHESTER

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

MLM 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. I-536 70 11719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11719

1. NAME OF DECEASED (Type or Print): INDRASIUS, ONA

2. DATE AND HOUR OF DEATH: 12 2 70 2p15 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2854
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 513 OLD ORCHARD RD

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7 26 94 9. AGE (In years last birthday): 76 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHECKER 10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): RUSSIA 12. CITIZEN OF WHAT COUNTRY? RUSSIA
13. FATHER'S NAME: THOMAS SADAUSKAS
14. MOTHER'S MAIDEN NAME: MARIE SADSKI
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 30 8852
17. INFORMANT: CATON BALTO MD 21220 ADDRESS: ST AGNES HOSPITAL RECORDS WILKENS &

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 514X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 days
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Dysphagia, carcinoma stomach — 1-2 wks

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes — only gross findings
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11 25 70 to 12 2 70 that (I) (we) last saw the deceased alive on 12/2 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David A. Perry M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): DAVID A. PERRY M.D. DEGREE
23D. ADDRESS: St. Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): BALTO MD.
25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: WEBER FUN. HOME
ADDRESS: 5311 EDMONDSON

VS 150-REV. 1/1/68

57-66-09 TB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-200 70 11720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11720

1. NAME OF DECEASED (Type or Print): Lewis, Gladys

2. DATE AND HOUR OF DEATH: 11/28/70 3:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 31
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 807
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1406 N. Washington St.

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8/25/24
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aide
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NC
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Eszard [redacted] Garrett
14. MOTHER'S MAIDEN NAME: Joanna - [redacted] Lewis
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Pulmonary Embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hours
DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction. — 4 weeks
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Obesity.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from Nov. 7, 1970 to Nov. 28, 1970 that ~~(I)~~ (we) last saw the deceased alive on Nov. 28, 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) ~~(did)~~ ~~(did not)~~ view the body after death.

23A. SIGNATURE: William P. Hunt M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov. 28, 1970
23C. PHYSICIAN'S NAME (Type): William P. Hunt, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county): Arbutus (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery, M.D.
25C. FUNERAL DIRECTOR: E. L. Scott Funeral Home
ADDRESS: 1129 N. Carolina

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-210 70 11731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11731

1. NAME OF DECEASED (Type or Print): James Willie Bishop

2. DATE AND HOUR OF DEATH: December 1, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1219 N. Linwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 843
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1219 N. Linwood Ave.

5. SEX: M. 6. RACE: C. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10/25/1923 9. AGE (In years last birthday): 47 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Ship yard
11. BIRTHPLACE (State or foreign country): Greenville, N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Sadie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 242-14-6377
17. INFORMANT: Marcella Tyler ADDRESS: 2827 E. Biddle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diabetic acidosis — 2-3 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes Mellitus — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Chronic laennec's cirrhosis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 1965 to March 3 1970, that (I) (we) last saw the deceased alive on 3/3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stanley D. Madison, MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): STANLEY D MADISON MD DEGREE
23D. ADDRESS: 2444 E. Biddle

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): 5501 Fred'k Ave.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Milton E. Dickerson ADDRESS:

VS 150-REV. 1/1/68

T-512 70 11732

BIRTH NO. 70-20844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11732

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy of Sheila Thompson

2. DATE AND HOUR OF DEATH: 1:15 pm 11/26/1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE: MARYLAND B. COUNTY: 2798

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3912 GARRISON AVE.

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-21-70

9. AGE (In years last birthday)

If Under 1 Yr. Months | Days: 5 | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sinai Hospital Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CARROLL THOMPSON

14. MOTHER'S MAIDEN NAME: SHEILA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypoplastic left heart

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

746.8

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25 1970 to 11/26 1970, that (I) (we) last saw the deceased alive on 11/26 1:15 pm 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joel M. Vavich DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/26/70

23C. PHYSICIAN'S NAME (Type): JOEL M. VAVICH DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital

24D. LOCATION (City, town, or county) (State): 601 N. Broadway Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Tabby, M.D.

25C. FUNERAL DIRECTOR

ADDRESS

HOSPITAL DISPOSAL

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11723

BIRTH NO. W-325 70 11723

1. NAME OF DECEASED (Type or Print): Watson Leong

2. DATE AND HOUR OF DEATH: 12-1-70 12:45AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 605
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 221 N. Spring Court

5. SEX: Fe
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5-16-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Turner ~~Coles~~ Collins
14. MOTHER'S MAIDEN NAME: Ellen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Alice Foreman, 2233 E North Ave

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage & Coma — 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Heart Disease — 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(C) None

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 23 1970 to Dec 1 1970, that (I) (~~we~~) last saw the deceased alive on Dec 1 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D DEGREE
23D. ADDRESS: 6161 Park Hts Ave Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

58-02-21 ¢a

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-280 Balto Co. Md. 70 11734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 70 11734

BIRTH NO. REG. NO. [redacted]

1. NAME OF DECEASED (Type or Print): BECK, ANDREW

2. DATE AND HOUR OF DEATH: 2145 PM 4/23/70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITALS
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Harford 6200
C. CITY OR TOWN: Joppatown #85
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 362 Ellsworth Place 21085

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/23/70
9. AGE (In years last birthday): 0
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 4 Min.: 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Beck
14. MOTHER'S MAIDEN NAME: Mary Otis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH
ADDRESS: 4940 Eastern Avenue Baltimore, Md. 2224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: immaturity
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 23 19 70 to November 23, 1970 19 70 that (I) (we) last saw the deceased alive on November 23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G Shapiro MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/23/70
23C. PHYSICIAN'S NAME (Type): GAIL SHAPIRO DEGREE
23D. ADDRESS: Baltimore City Hospital 4940 Eastern Avenue Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 11-27-70
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS

VS 150-REV. 1/1/68

B-560 70 11725

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11725

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHN BAUMMER, JR.

2. DATE AND HOUR OF DEATH: 11/30/70 8:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GOULD NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 32/10 5300
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: SPRING GROVE STATE HOSP.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/16/1882
9. AGE (In years last birthday): 88
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CANDY MAKER
10B. KIND OF BUSINESS OR INDUSTRY: CANDY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN BAUMMER
14. MOTHER'S MAIDEN NAME: KATHERINE KEMMIT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mr. Joseph A. Baummer
ADDRESS: 616 Highwood Drive

MEDICAL CERTIFICATION

18. 437.9 I 019.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic Cerebrovascular Disease — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Chronic Brain Syndrome
Laceration Pulmonary Tuberculosis — yrs.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/2/ 19 70 to 11/30/ 19 70 that (I) (~~we~~) last saw the deceased alive on 11/30/ 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Martha Mills
ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

In Spring Grove since 1948

F5 201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11726 Registered No. 70 11726

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): BERNARD G. FENWICK, JR.

2. DATE AND HOUR OF DEATH: 12-2-70 | 922 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Childrens Hosp. Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Lutherville, Md.

D. STREET ADDRESS (If rural, give location): Broadway Road

5. SEX	6. RACE	7. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W	MARRIED	3-5-14	56	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXECUTIVE

10B. KIND OF BUSINESS OR INDUSTRY: Autoville, Aircraft LTD

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Bernard Fenwick

14. MOTHER'S MAIDEN NAME: Margaret Griffiss Fenwick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-10-9957

17. INFORMANT: (Hospital Chart) Mrs. Eleanor B. Fenwick (Wife)

ADDRESS

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO: Pulmonary embolism — 45 minutes

(B) DUE TO:

(C) Post Operative

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 10-23-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Spinal Cord Compression

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 10/20 1970 to 12/2 1970, that ~~(I)~~ (we) last saw the deceased alive on 12/2 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd T. Grant M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12-2-70

23C. PHYSICIAN'S NAME (Type): Dr. Todd T. Grant M.D.

23D. ADDRESS: Childrens Hospital Staff

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-4-70

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970 Robert E. Falby, M.D.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore Md. 21212

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-120 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11727 REG. NO. 70 11727

1. NAME OF DECEASED (Type or Print): Alma E. Davis

2. DATE AND HOUR OF DEATH: Dec. 1, 1970 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1107 Moneta Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2505
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ** ☐ NO ☐
E. STREET AND NUMBER: 1107 Moneta Court

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ** ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-18-1903 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Hamburger
14. MOTHER'S MAIDEN NAME: Cora E. Lynn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-0025 D
17. INFORMANT: Mr. Milton F. Lynn ADDRESS: 1813 Fairview Ave. 21227

MEDICAL CERTIFICATION

18. 250.9 CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C. V. A.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes, Dm.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 21st 19 70 to Dec. 1st 19 70 that (I) (~~we~~) last saw the deceased alive on Nov. 25th 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Dr. Kwei Y. Yuan DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/1/1970
23C. PHYSICIAN'S NAME (Type): Dr. Kwei Y. Yuan DEGREE
23D. ADDRESS: 7801 Baltimore Annapolis Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county): Baltimore, (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R 3601

70 11728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11728

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Leonard Roeder

2. DATE AND HOUR OF DEATH: Dec. 2, 1970 5-20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1540 Northwick Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2759

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1540 Northwick Road

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-28-1891

9. AGE (In years last birthday): 79

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewer Beer

10B. KIND OF BUSINESS OR INDUSTRY: Gunther Brewery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Roeder

14. MOTHER'S MAIDEN NAME: Katherine Thoms

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-4082

17. INFORMANT: Mrs. Katherine Roeder ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 19 66 to 12/2 19 70 that (I) (~~we~~) last saw the deceased alive on 12/2 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Conrad L Richter DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type): Dr. Conrad L. Richter DEGREE

23D. ADDRESS: 3128 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-5-1970

24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970

25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-500 70 11739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11739

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGIANNA SWANN (Georgia Swan)

2. DATE AND HOUR OF DEATH: November 30, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1538
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3515 Forest Park Avenue

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 1-29-1903
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlotte, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Walker
14. MOTHER'S MAIDEN NAME: Mattie Walker
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-10-8127
17. INFORMANT: Mrs. Evelyn Mason
ADDRESS: 3515 Forest Park Avenue

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 436.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4-6 hours

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Hypertension — 13 yrs +

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Arteriosclerosis — 13 yrs +

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Virus Infection — 48 hours

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-30 1957 to 11-28 1970 that (I) (~~we~~) last saw the deceased alive on 11-28 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John T. Chissell M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-1-70
23C. PHYSICIAN'S NAME (Type): John T. Chissell MD DEGREE
23D. ADDRESS: 940 W. North Ave Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-70
24C. NAME of CEMETERY or CREMATORY: Carver Memorial Park
24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8
25B. NAME OF REGISTRAR: Robert C. [illegible]
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

1

H-530 70 11730

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11730

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM G. HANDY, Jr.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 1,1970 Hour 6:25 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4402 Hadden Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 28 41
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4402 Hadden ~~Street~~ AVE.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 6-12-1933
10. AGE (In years last birthday): 37 If Under 1 Yr. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William G. Handy, Sr.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Social Security Adm.
15. MOTHER'S MAIDEN NAME: Mildred Fitzhugh
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) 1-30-52 1-29-56
17. SOCIAL SECURITY NO. 215-28-8193
18. INFORMANT: Mrs. Catherine Handy ADDRESS: 4402 Haddon Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 153.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Colon
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-70
24C. NAME of CEMETERY or CREMATORY: Carver Memorial Park
24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 3 1970
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

S-526 70 11731

BIRTH NO. 70-20795 70 11731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11731

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SINGER, BABY BOY

2. DATE AND HOUR OF DEATH: NOVEMBER 28, 1970 3:00P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 911 COURTNEY ROAD

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11 13 70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 15 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JORDAN SINGER
14. MOTHER'S MAIDEN NAME: CHARLOTTE KANIECKI
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: ST AGNES RECORDS WILKENS & CATON AVES. ADDRESS

MEDICAL CERTIFICATION

18. 7469 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ACUTE PULMONARY EDEMA
DUE TO, OR AS A CONSEQUENCE OF:
(B) PROB. CONG HEART DISEASE — 15 DAYS.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 13, 19 70 to NOVEMBER 28, 19 70 that (I) (we) last saw the deceased alive on NOVEMBER 28, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Gonio M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): JORGE E. GARCIA DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: Lindow Park Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Farley-Cavanaugh & N. Catonsville Md.
ADDRESS

VS 150-REV. 1/1/68

1

P-500 70 11732

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11732

1. NAME OF DECEASED (Type or Print): JAMES S. PYNE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 27, 1970 Hour 8:38 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
42 SINAI HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1510
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 3501 Berwyn Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Feb. 8, 1906
10. AGE (In years last birthday): 64 64
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Eugene J. Pyne.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber.
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Not Known.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service: Yes.
17. SOCIAL SECURITY NO. 577-07-7858
18. INFORMANT: Mrs. Lois Jordan Daughter ADDRESS 3512 Weller Rd

MEDICAL CERTIFICATION

19. 4127 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 2, 1970
24C. NAME of CEMETERY or CREMATORY: Culpeper National
24D. LOCATION (City, town, or county) (State): Culpeper, Virginia.

25A. DATE REC'D BY HEALTH DEPT. DEC 3 [illegible]
25B. NAME OF REGISTRAR [illegible]
25C. FUNERAL DIRECTOR Takoma Funeral Home ADDRESS 254 Carroll St. Wash. D. C.
Arthur Wallace

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 4-400 70 11733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11733

1. NAME OF DECEASED (Type or Print): OLGA K. HALL

2. DATE AND HOUR OF DEATH: Dec. 2, 1970 | 12:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 70 HARFORD GARDENS CONVALESCENT HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2745
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6006 Eunice Ave.

5. SEX: female
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/12/1893
9. AGE (In years last birthday): 77 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ernst F. Luehr
14. MOTHER'S MAIDEN NAME: Mary Hammerschmidt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 350-38-5118
17. INFORMANT: Clyde M. Hall | ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from November 1 1970 to December 1 1970 that (I) (~~we~~) last saw the deceased alive on December 1 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: A. Allan Spier DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): Dr. A. Allan Spier DEGREE
23D. ADDRESS: 1501 Pentridge Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Monticello Cemetery
24D. LOCATION (City, town, or county) (State): Monticello, Ill.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md. -14 | ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-165 70 11734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11734

1. NAME OF DECEASED (Type or Print): MYRTLE E. O'BRIEN

2. DATE AND HOUR OF DEATH: December 1, 1970. 11:15A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2735
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3105 Northway Drive

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 4/11/1895
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Schlarb
14. MOTHER'S MAIDEN NAME: Catherine Sauer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-01-7872B
17. INFORMANT: Miss Vivian O'Brien
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 440.9 Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 28 Nov 19 70 to 1 Dec 19 70 that (I) (we) last saw the deceased alive on 28 Nov 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. G. Helfrich MD
DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 1-Dec 70
23C. PHYSICIAN'S NAME (Type): William G. Helfrich MD DEGREE
23D. ADDRESS: 5006 Roland Ave. Balto. Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tarbert M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.
ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

M-536 70 11735

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11735

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Juri Mandre

2. DATE AND HOUR OF DEATH: November 28, 70 | 9:12 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2643
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3905 Shannon Drive

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan 28, 1907
9. AGE (In years last birthday): 63
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY? Estonia
13. FATHER'S NAME: Voldemar Mandre
14. MOTHER'S MAIDEN NAME: Rosalie Laas
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 020-26-0841
17. INFORMANT: Mrs Lucie Mandre
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 410.0 Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 40 min.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Coronary artery disease — 6 years

(B) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic hypertensive — 11 years

(C) cardio-vascular disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes mellitus — 6 years; Acute Pyelitis & cystitis — 2 days

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-16-1939 to 11-28-1970 that (I) (we) last saw the deceased alive on 11-28-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul H. Anniko M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-1-1970
23C. PHYSICIAN'S NAME (Type): Paul H Anniko M.D. DEGREE
23D. ADDRESS: 3800 Erdman Ave Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Md.
ADDRESS

VS 150-REV. 1/1/68

W-452

BIRTH NO. 70 11736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11736

1. NAME OF DECEASED (Type or Print) WILLING, GEORGIA

2. DATE AND HOUR OF DEATH 1 Dec 1970 0400 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

HARBOR VIEW NURSING HOME

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 2646

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 6441 Hartwait Street

5. SEX Female 6. RACE Cau 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 7-11-88 9. AGE (In years last birthday) 82 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Jones

14. MOTHER'S MAIDEN NAME Louise Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-26-4112

17. INFORMANT William Willing, Baltimore, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Cardiac Decompensation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension C.V.A. Disease — 7

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Chron Brain Syndrome — 7

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/24 1969 to 11/30 1970 that (I) (we) last saw the deceased alive on 11/30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Joseph S. Blum MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 12/1/70

23C. PHYSICIAN'S NAME (Type) Dr Macht JOSEPH S. BLUM MD DEGREE

23D. ADDRESS 1115 N. CALVERT ST

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 12/3/70

24C. NAME of CEMETERY ~~or CREMATORY~~ ROCK CREEK CEMETERY

24D. LOCATION (City, town, or county) CHANCE SOMERSET CO. (State) MD

25A. DATE REC'D BY HEALTH DEPT. DEC 3 1970

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Leroy Webster RFD 3 Princess Anne Md. ADDRESS 21853

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-125 70 11737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11737

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GIBSON, Eddie

2. DATE AND HOUR OF DEATH: 11-29-70 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1204
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2322 Guilford Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-25-13
9. AGE (In years last birthday): 57 — If Under 1 Yr. Months: Days: — If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevadore
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Summerton, S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Jessie Gibson
14. MOTHER'S MAIDEN NAME: Lizzie Jackson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — (If yes, give war or dates of service): 12-13-43 to 10-9-45
16. SOCIAL SECURITY NO.: 216-12-77-71
17. INFORMANT: VA Hospital Records — ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 303.2 Right upper & middle lobe pneumonia — days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic & acute alcoholism — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ☒ (this hospital) attended the deceased from November 29, 19 70 to November 29, 19 70 that ☒ (we) last saw the deceased alive on November 29, 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (☒ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. Cavellos DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: Gettysburg National Cem.
24D. LOCATION (City, town, or county) (State): Gettysburg Pa.

25A. DATE REC'D BY HEALTH DEPT.: DEC 3 1970
25B. NAME OF REGISTRAR: Robert E. Tabler M.D.
25C. FUNERAL DIRECTOR: Rayner Sanders — ADDRESS: 217 E. Preston St.

VS 150-REV. 1/1/68

H-426

BIRTH NO. 70 11738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11738

1. NAME OF DECEASED (Type or Print): HULSHART, OLIVE E.

2. DATE AND HOUR OF DEATH: Decemb. 1, 70 | 11:15 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. ~~Pennsylvania~~ B. COUNTY: Harford

C. CITY OR TOWN: Norrisville ~~Stewartstown~~ D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: RT #1 BOX 198 Norrisville Rd.

62.00

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-28-00

9. AGE (In years last birthday): 70 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: James B. Wailes ~~James Williams~~

14. MOTHER'S MAIDEN NAME: Accie Jane Heiner ~~Accie JEAN HEINER~~

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No | (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 203-24-7762

17. INFORMANT: Mr. Howard P. Hulshart | ADDRESS: RD #1, Box 198 same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Stewartstown, Pa. 17363

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

436.01

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~Nov. Decemb.~~ 19 70 to Decemb. 1 19 70 that (I) (we) last saw the deceased alive on Decemb. 1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ | 23B. DATE SIGNED: Decemb. 1, 70

23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE | 23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 12/4/1970 | 24C. NAME of CEMETERY or CREMATORY: Norrisville | 24D. LOCATION (City, town, or county) (State): Norrisville, Harford, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970 | 25B. NAME OF REGISTRAR: [illegible] MD | 25C. FUNERAL DIRECTOR: Charles E. Kurtz | ADDRESS: Jarrettsville, Md. 21084

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-152 70 11739

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11739

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Edgar R. Livingston

2. DATE AND HOUR OF DEATH: November 30, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 102 South Addison Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1903

C. CITY OR TOWN: Baltimore 21223

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 102 South Addison Street

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug 3, 1891

9. AGE (In years last birthday): 79 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Baltimore City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Livingston

14. MOTHER'S MAIDEN NAME: Ella Clampitt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): ca. 1910

16. SOCIAL SECURITY NO.: 214-03-0411

17. INFORMANT: Mildred Livingston ADDRESS 102 S. Addison St. 21223

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 185 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma Prostate — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb. 1968 to Nov. 30 1970, that (I) (we) last saw the deceased alive on Nov. 28 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Morris B. Schreifer M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12.2.70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: 1519 W. Fairford St. Baltimore Md. 21223

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/04/70

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.

25C. FUNERAL DIRECTOR: Walters' Funeral Home

ADDRESS: Pratt & Stricker Streets 21223

VS 150-REV. 1/1/68

D-500 70 11740

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11740

1. NAME OF DECEASED (Type or Print): DOWNEY, REGINA MARGARET

2. DATE AND HOUR OF DEATH: 11-28-70 at 10 25 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Towson CITY

D. INSIDE CITY LIMITS? YES ☒ NO ☒

E. STREET AND NUMBER: 54 Acorn Circle.

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9-19-90

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SCULLY

14. MOTHER'S MAIDEN NAME: Ella Sullivan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-01-1494-D

17. INFORMANT: David J. Downey ADDRESS: 628 Overbrook Rd

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Ca of colon; metastasis. DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: Feb. 1970

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: COLOSTOMY

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-26-1970 to 11/28/1970 that (I) (we) last saw the deceased alive on 10-28-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Chungja Chung M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11/28/70

23C. PHYSICIAN'S NAME (Type): CHUNGJA CHUNG M.D. DEGREE

23D. ADDRESS: SOUTH BALTO GEN. HOSP. BALTO

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Chas. E. Talley, M.D.

25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N-620 70 11741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11741

1. NAME OF DECEASED (Type or Print): NORRIS, CATHERINE

2. DATE AND HOUR OF DEATH: 12-2-70 | 5:25 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): NORTH CHARLES HOSPITAL 4 9272 NORTH CHARLES ST. BALTIMORE, Md. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2403
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1417 Battery Ave

5. SEX: FEMALE 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 1-19-91 9. AGE (In years last birthday): 79 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN NORRIS 14. MOTHER'S MAIDEN NAME: ELIAZABETH HUGHES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: MARY HOFFMAN (SISTER) ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 23-019

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — 1 WK
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary artery disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cerebral Vascular disease

19A. DATE OF OPERATION: NONE 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-24 1970 to 12-2-1970 that (I) (we) last saw the deceased alive on 12-1-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald E. Gillilan M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 12-2-70
23C. PHYSICIAN'S NAME (Type): RONALD GILLILAN M.D. DEGREE 23D. ADDRESS: NORTH CHARLES HOSP. BALTIMORE, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12 2 70 24C. NAME of CEMETERY or CREMATORY: Cathedral 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: Mc Cully ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-60 70 11742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11742

1. NAME OF DECEASED (Type or Print): Mary Grap

2. DATE AND HOUR OF DEATH: 11/30/70 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1113 Cooks Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2834
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1113 Cooks Lane

5. SEX: Female 6. RACE: white 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7/17/1893 9. AGE (In years last birthday): 77 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Cowley
14. MOTHER'S MAIDEN NAME: Jennie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr John J. Grap ADDRESS: 1106 Daniels Ave 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: BRAIN SYNDROME — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: About 3 years
DUE TO, OR AS A CONSEQUENCE OF: Chronic
(B) Generalized Arteriosclerosis — 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Generalized osteoporosis — 3 years

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): no 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from December 26 1952 to November 30 1970 that (I) (~~we~~) last saw the deceased alive on November 30 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Melvin N. Borden MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): MELVIN N. BORDEN DEGREE — 23D. ADDRESS: 5000 BALTIMORE NATIONAL PIKE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/3/70 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem. 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: John Bowen & Son Inc. ADDRESS: [illegible] St Baltimore Md.

VS 150-REV. 1/1/68

D-124

70 11743

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11743

1. NAME OF DECEASED (Type or Print): James John DiPasquale

2. DATE AND HOUR OF DEATH: 11/28/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. 21206

B. COUNTY: 2641

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5503 Knell Ave.

5. SEX: male

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1/19/20

9. AGE (In years last birthday): 50

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transit & Traffic

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John DiPasquale

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes

(If yes, give war or dates of service): Army WW 2

16. SOCIAL SECURITY NO.: 220-01-4217

17. INFORMANT: Mildred Tortoro DiPasquale, wife, abov

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary artery disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8-12 mm

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis, Generalized — appr 2yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 25 November 1970 to 25 November 1970 that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Howard Goodman DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 29 Nov 1970

23C. PHYSICIAN'S NAME (Type): DR Howard Goodman DEGREE

23D. ADDRESS: 8604 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/2/70

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Mem. Gardens

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Jones, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 7-500 70 11744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11744

1. NAME OF DECEASED (Type or Print): Rose Reina

2. DATE AND HOUR OF DEATH: 11-28-70 7:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 831

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3504 Richmond Avenue

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8-4-76

9. AGE (In years last birthday): 94 yrs.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Dipper

10B. KIND OF BUSINESS OR INDUSTRY: Bloom Candy Co.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? None

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Rosario Contarino

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-54-6390

17. INFORMANT: Mrs. Shirley Naish - (grand-daughter)

ADDRESS: 3504 Richmond Ave. 21213

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic CVA

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

2

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 21 1970 to 28 Nov 1970 that (I) (we) last saw the deceased alive on 28 Nov 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harold R. Brenner MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/1/70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-520 70 11745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 78 510 745

1. NAME OF DECEASED (Type or Print): Phillip J. Lanasa Sr.

2. DATE AND HOUR OF DEATH: 11-29-70 | 1 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Harbor View M.C.C.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1213 Lisle St. Balto 30 Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2610
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 116 N. Highland Ave. 21224

5. SEX: Male.
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-23-90
9. AGE (In years last birthday): 80
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Worker
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Lanasa
14. MOTHER'S MAIDEN NAME: Anna Gentile

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Mollie E. Lanasa
ADDRESS: 116 N. Highland Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Terminal Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) A.S.C.V. Disease. — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

C.B.S. — ?

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/10 1970 to 11/29 1970 that (I) (we) last saw the deceased alive on 11/27 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph S. Blum M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): JOSEPH S. BLUM MD DEGREE
23D. ADDRESS: 1115 N. Calvert St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/'70
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Moran's
ADDRESS: 5000 E. Baltimore St. Funeral Home Inc.

VS 150-REV. 1/1/68

RELEASED AS NON-MED BY M.E. DR. KORNBL 12/2/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11746

BIRTH NO. C-600 Balto Co. MD. 70 11746

1. NAME OF DECEASED (Type or Print): Charles T. Care, Jr.

2. DATE AND HOUR OF DEATH: 12/1/70 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins3 Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7347 Waldman Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/25/70
9. AGE (In years last birthday): —
If Under 1 Yr. Months: Days: 6 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): GBMC Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles ~~Walton~~ Care, Sr.
14. MOTHER'S MAIDEN NAME: Dorothy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Charles T. Care, Sr. ADDRESS

CAUSE OF DEATH

18. 746.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CONGENITAL HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(B) SAME
DUE TO, OR AS A CONSEQUENCE OF:
(C) SAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): T-E FISTULA

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 3/12/1/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CRITICAL
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NO
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NO
21E. INJURY OCCURRED While At Work ☐ NO Not While At Work ☐
21F. HOW DID INJURY OCCUR? NO

22. I certify that (I) (this hospital) attended the deceased from 11/25/70 19 70 to 12/1 19 70, that (I) (we) last saw the deceased alive on 12/1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. H. Mitchell MD. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): WILLIAM H. MITCHELL DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/'70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St.

VS 130-REV. 1/1/66

B-450 70 11747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11747

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BULLEN, OLIVER E. SR.

2. DATE AND HOUR OF DEATH: 11. 30. 1970 | 3. 38 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 33RD & CALVERT STREETS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Anne Arundel 5200

C. CITY OR TOWN: LINTHICUM D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 103 MICHAEL AVENUE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 02-16-99 9. AGE (In years lost birthday) 71 XX If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Supervisor 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) UNKNOWN (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 215-07-7760

17. INFORMANT: ADMISSION HISTORY CHART ADDRESS: Mr. Kenneth Bullen, 701 Carolyn Rd. 21061

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 1621

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF LUNG.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11. 24. 1970

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CARCINOMA OF LT UPPER LOBE (LUNG)

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11. 24. 1970 to 11. 30. 1970 that (I) (we) last saw the deceased alive on 11. 30. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rau DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11. 30. 70

23C. PHYSICIAN'S NAME (Type): DR R RAU MD DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-4-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: R. A. E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-532

BIRTH NO. 70 11748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11748

1. NAME OF DECEASED (Type or Print): ZAMETZER, JOHN.

2. DATE AND HOUR OF DEATH: 11/29/70 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 0103
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 100 N. BROADWAY

5. SEX: M
6. RACE: W
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/3/1900.
9. AGE (In years last birthday): 70.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Machinery-Can Ind.
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN ZAMETZER
14. MOTHER'S MAIDEN NAME: ELIZABETH. LAMPMAN.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-5232
17. INFORMANT: CLARA. ZAMETZER (WIFE) ADDRESS: 613 S. Belnord AVE

MEDICAL CERTIFICATION

18. 4101.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Acute Myocardial Infarct & Vent Fibrill
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V. & Old Myocardial Infarct.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/29/1920. 19 to 11/29/70 19 that (I) (we) last saw the deceased alive on 11/29/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/29/70
23C. PHYSICIAN'S NAME (Type): FLORVI MD DEGREE
23D. ADDRESS: Old Hill

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Mausoleum
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Matthews Funeral Home
ADDRESS: 3021 E. Eastern Ave. Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

613 S. Belnord Ave. 21224

1

M-600 70 11749

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11749

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GIBBONS MOORE, JR.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 1,1970 Hour 1:50 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5207-Apt.I,Eastbury Avenue

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2642

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Mar.28,1934
10. AGE (In years last birthday): 36
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 5207 Eastbury Avenue

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Gibbons Moore, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Computer Programmer
14B. KIND OF BUSINESS OR INDUSTRY: Metal
15. MOTHER'S MAIDEN NAME: Rosalie Bowerman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) Korean
17. SOCIAL SECURITY NO. 219-32-5936
18. INFORMANT: Mrs. Rosalie B. Moore, ADDRESS: White Marsh, Md.

MEDICAL CERTIFICATION

19. E950.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Overdose of Quaalude
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Oligodendroglioma of midbrain

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 6
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5207 Eastbury Ave. Apt. I 2642

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Between 11-29 and 12-1-70 m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Ingested Quaalude

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Dec.5,1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematory
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Howard K. McComas & Son, ADDRESS: Abingdon, Md.

VS 151-REV. 1/1/68

N967.9

Letter from M.E.'s office 2-3-71 M.H.

58-04-24 dis 1

BIRTH NO. R-163 70 11750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11750

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Roberts, Glorain

2. DATE AND HOUR OF DEATH: 12/1/70 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2610
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3309 Noble Street 21224

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-5-44
9. AGE (In years last birthday): 26
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Balard Roberts
14. MOTHER'S MAIDEN NAME: Virgie Roberts
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 330.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) MUSCULAR DYSTROPHY — 23 YRS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/28 1970 to 12/1 1970 that (I) (we) last saw the deceased alive on 10 PM 11/30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert L. Stevenson Jr. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: December 1, 1970
23C. PHYSICIAN'S NAME (Type): Robert L. Stevenson Jr. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-70
24C. NAME of CEMETERY or CREMATORY: Roberts Family Cemetery
24D. LOCATION (City, town, or county) (State): Cub Creek McDowal Co., W. Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: William E. Johnson
ADDRESS: 8521 Loch Raven Blvd Baltimore, Maryland

VS 150-REV. 1/1/68

W-200 70 11751

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11751

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Emma Weis

2. DATE AND HOUR OF DEATH: 12-1-1970 | 10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 Levindale Aged Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2717

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: LEVINDALE AGED HOME

5. SEX: FEMALE F

6. RACE: WHITE W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH:

9. AGE (In years last birthday): 104 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): HUNGARY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID SCHWARTZ

14. MOTHER'S MAIDEN NAME: REBECCA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: MR. HARRY WEISS, ADDRESS: 3223 SHELBURNE RD. #21208

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: day

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 19 41 to 12-1 19 70 that (I) (we) last saw the deceased alive on 12-1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore R. Reiff MD DEGREE — Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]

23B. DATE SIGNED: 12-1-1970

23C. PHYSICIAN'S NAME (Type): Theodore R. Reiff, MD DEGREE

23D. ADDRESS: Levindale

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-2-70

24C. NAME of CEMETERY or CREMATORY: POSVOHLER FRIENDLY SOCIETY

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

Admitted in '41.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P-400 70 11752

REG. NO. 70 11752

1. NAME OF DECEASED (Type or Print): Joseph Paul

2. DATE AND HOUR OF DEATH: Dec. 1, 1970 8:05 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2730

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2904 Terry Drive Apt F.

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan 4 1895 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail

10B. KIND OF BUSINESS OR INDUSTRY: merchant

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanley Paul

14. MOTHER'S MAIDEN NAME: Esther ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Shirley Paul ADDRESS: 2904 Terry Drive Apt F.

MEDICAL CERTIFICATION

18. 4109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: acute coronary thrombosis

DUE TO, OR AS A CONSEQUENCE OF: Coronary arteriosclerosis

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15'

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1940 19 to 12/1/70 19, that (I) (we) last saw the deceased alive on 11/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Milton Kirsh MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Dec. 1/70

23C. PHYSICIAN'S NAME (Type): DR. MILTON KIRSH DEGREE

23D. ADDRESS: 4000 W. NORTHERN PKWY. #15

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec 2/70

24C. NAME of CEMETERY or CREMATORY: Arsha Mersey

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS: 6010 Reist. Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-435

BIRTH NO. 70 11753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11753

1. NAME OF DECEASED (Type or Print): FELDMAN, MAX J.

2. DATE AND HOUR OF DEATH: 11.30.70 | 8^10 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE.
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 2908 MARNAT Rd #8

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-12-97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10B. KIND OF BUSINESS OR INDUSTRY: TAXI CAB
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MORRIS FELDMAN
14. MOTHER'S MAIDEN NAME: GOLDIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. ROSE FELDMAN
ADDRESS: 2908 MARNAT ROAD #21208

MEDICAL CERTIFICATION

18. 199.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ACUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:

(C) ? MALIGNANCY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10.30 19 70 to 11.30 19 70 that (I) (we) last saw the deceased alive on 8 AM 11.30 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Bahadori DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11.30.70
23C. PHYSICIAN'S NAME (Type): MOHAMMAD BAHADORI DEGREE
23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-655 70 11754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11754

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERMAN, MORRIS

2. DATE AND HOUR OF DEATH: 11-30-70 7:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1513
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: ~~2652~~ 2651 Park Hts-Terrace

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: XXXXXX
9. AGE (In years last birthday): 82 XX
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING PLANT
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-01-6143
17. INFORMANT: Minnie Altman, ADDRESS: 8504 GLENN MICHAEL LANE Baltimore

MEDICAL CERTIFICATION

18. 412.3 I 188X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease; Cardio Respiratory Arrest
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Ulcer B2 Bleeding, peptic due to stress ulcers; Carcinoma of the bladder, inoperable; BPH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-8 19 70 to 11-30 19 70 that ~~(I)~~ (we) last saw the deceased alive on 11-30 70 19 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-30 70
23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA MD DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-1-70
24C. NAME of CEMETERY or CREMATORY: ANSHE EMUNAH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 11755

J-250

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70-14883 REG. NO. 70 11755

CERTIFICATE AMENDED 3-24-71

1. NAME OF DECEASED (Type or Print): Charles Jackson	2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 11 Day 30 Year 70 Hour 6:38 a.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION; IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 902 Whitelock Street	3. DATE PRONOUNCED DEAD — Month 11 Day 30 Year 70 Hour 6:38 a.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 1301
6. SEX: male	7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 8/20/70	10. AGE (In years last birthday): 3 mo. If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
	E. STREET AND NUMBER: 902 Whitelock Street
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME: Wilbert Jackson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY
	15. MOTHER'S MAIDEN NAME: Barbara Taylor
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.
	18. INFORMANT: Barbara Jackson ADDRESS: 902 Whitelock Street

MEDICAL CERTIFICATION

19. E980 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Dehydration and starvation

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 902 Whitelock Street
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.: Neglect	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?: Neglect

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/30/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 12-1-70	24C. NAME of CEMETERY or CREMATORY: Mt Auburn	24D. LOCATION (City, town, or county) (State): Baltimore
25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970	25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.	25C. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

VS 151-REV. 1/1/68

N 974.2

Letter from M.E.'s office 3-24-71 M.H.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-655 70 11756

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11756

1. NAME OF DECEASED (Type or Print): John E. Harmon / JOHN HARMON

2. DATE AND HOUR OF DEATH: 12/1/70 12/1/70 4:25 A.M. 4:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSP. OF BALTIMORE, INC. / Sinai Hospital, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND / Maryland
B. COUNTY: 2798
C. CITY OR TOWN: BALTO. / Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4910 Cordelia Avenue, 21215 / 4910 CORDELIA AVE.

5. SEX: Male / MALE
6. RACE: White / WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/9/19 / 7/9/19
9. AGE (In years last birthday): 51 / 51yrs
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Glen Arm Maryland / MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S. / U.S.A.

13. FATHER'S NAME: Franklin W. Harmon
14. MOTHER'S MAIDEN NAME: Florence York

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 214-12-9793
17. INFORMANT: Mrs. Doris Harmon, 4910 Cordelia Ave., 21215 — ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I 410.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ① Acute myocardial infarction ~2 days
DUE TO, OR AS A CONSEQUENCE OF:
② Chronic lung disease yrs.
③ Pulmonary TB. 19 yrs.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/28/1970 to 12/1/1970 that (I) (we) last saw the deceased alive on 12/1/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vichai Atichartakarn, MD — DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/1/70 12/1/70

23C. PHYSICIAN'S NAME (Type): Vichai Atichartakarn, M.D. / VICHAI ATICHARTAKARN, M.D. — DEGREE
23D. ADDRESS: Sinai Hospital, Baltimore, Maryland / SINAI HOSP. OF BALTO., INC.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Mt. Olive Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Maryland Balto Co

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Parker, M.D.
25C. FUNERAL DIRECTOR: Loring Byers, 8728 Liberty Rd. Randallstown, — ADDRESS

VS 150-REV. 1/1/68

1

E-363 70 11757

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11757

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROLAND EDWARDS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 28 Year 1970 Hour 4:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
46 LUTHERAN HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1606
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 922 Ashburton Street

6. SEX: Male

7. RACE: ~~White~~ Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5-14-1903

10. AGE (In years last birthday): 67
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Cal.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Roland Edwards

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): long shorman

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 129-07-4319

18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-6-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State): Capeville Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 [illegible]

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Clemmings & [illegible]
ADDRESS: 2700 Edmondson Ave.

VS 151-REV. 7/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-165, 70-18326 70 11758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11758

1. NAME OF DECEASED (Type or Print): Baby Boy ABRAHAM.

2. DATE AND HOUR OF DEATH: 11-19-70 11:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital, 38 BALTIMORE, MARYLAND.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 201
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1918 W. FAYETTE ST., 21217.

5. SEX: M.
6. RACE: N.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-11-1970
9. AGE (In years last birthday): If Under 1 Yr. Months: 1 Days: 8 If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BABY.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICAN.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: PATSY ABRAHAM.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: PATSY ABRAHAM, — ADDRESS: S/A.

MEDICAL CERTIFICATION

18. 726.2

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) RESPIRATORY DISTRESS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(C) PREMATURITY. — since birth

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No.
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 10-11-1970 to 11-19-1970 that (I) (was) last saw the deceased alive on 11-19-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Elizabeth M. Ruff M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-20-70
23C. PHYSICIAN'S NAME (Type): Elizabeth M. Ruff M.D. DEGREE
23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

F-652 70 11759

BIRTH NO. 70-20191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11759 4

1. NAME OF DECEASED (Type or Print): BABY FARMSVILLE (GIRL)

2. DATE AND HOUR OF DEATH: 11/16/70 5:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home + Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: USA 501
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1206 Canal Court St.

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/16/70
9. AGE (In years last birthday): NB
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 2 Min.: —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CHURCH Home + Hosp.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fall
14. MOTHER'S MAIDEN NAME: Melissa Farmsville

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Melissa Farmsville (mother) ADDRESS: 1206 Canal St.

MEDICAL CERTIFICATION

18. 7 26.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity + respiratory distress
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: not applicable

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 16 19 70 to Nov 16 19 70 that (I) (we) last saw the deceased alive on Nov. 16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H Bengzon, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/17/70
23C. PHYSICIAN'S NAME (Type): HONORATA BENGZON, M.D. DEGREE
23D. ADDRESS: 1025 N. Broadway St. (31)

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City or County) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
26C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-362 70 11760

BIRTH NO. 70-20634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11760

1. NAME OF DECEASED (Type or Print): Sturgill, Baby Boy

2. DATE AND HOUR OF DEATH: 11-23-70 | 6:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Harford 6232
C. CITY OR TOWN: Bel Air
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 30 E. Penna. Ave

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-23-70
9. AGE (In years last birthday): 0
If Under 1 Yr. Months: 0 Days: 0 If Under 24 Hrs. Hours: 1 Min.: 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Jeanette Sturgill

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 740X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Anencephaly — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1hr

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that [redacted] (this hospital) attended the deceased from 11-23 1970 to 11-23 1970 that [redacted] (we) last saw the deceased alive on 11-23 1970 and that in [redacted] (our) opinion death occurred on the date and hour and from the causes stated above. (I) [redacted] (did) [redacted] view the body after death.

23A. SIGNATURE: Tom Austin MD (DEGREE)
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-23-70
23C. PHYSICIAN'S NAME (Type): Tom Austin
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
NAME OF FUNERAL DIRECTOR:
ADDRESS:

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650 70 11761

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11761

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Fax James BROWN

2. DATE AND HOUR OF DEATH: November 28, 1970 | 4:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 4400 Wentworth Road #7

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/31/09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Brown
14. MOTHER'S MAIDEN NAME: Elizabeth Fax

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Marjorie Cole 4400 Wentworth Rd. 21207 ADDRESS

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
Carcinoma of Stomach
(B) Generalized Abd metastases
DUE TO, OR AS A CONSEQUENCE OF:
(C) Art CVD

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 6 19 70 to November 28 19 70, that (I) (we) last saw the deceased alive on Nov 28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) view the body after death.

23A. SIGNATURE: William Appleford DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): William Appleford DEGREE
23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 3735 Harford Ave. 21213

VS 150-REV. 1/1/68

K-420 70 11762

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11762

1. NAME OF DECEASED (Type or Print): John Klees (JOHN WILLIAM KLEES)

2. DATE AND HOUR OF DEATH: 12-02-70 7:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2641
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4300 La Salle Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-12-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Retired B&O. Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Henry Klees
14. MOTHER'S MAIDEN NAME: Stella B. Hood
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 705
16. SOCIAL SECURITY NO.: 05 2672
17. INFORMANT: Mrs Emma L. Klees
ADDRESS: 4300 LaSalle Ave.

MEDICAL CERTIFICATION

18. 569.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RESP. FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: WEEKS

DUE TO, OR AS A CONSEQUENCE OF:

(B) MASSIVE ASCITES — MOS

DUE TO, OR AS A CONSEQUENCE OF:

(C) PSEUDOMYXOMA PERITONEII — 5 YRS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on DOA 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE MD
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Henry Sander & Sons Inc.
ADDRESS: Baltimore Maryland 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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S 163

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11763

REG. NO. 70 11763

1. NAME OF DECEASED (Type or Print): JAMES SHEPPARD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month December Day 1 Year 1970 Hour 12:10 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1044 Pennsylvania Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1701

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 14 FEB 42

10. AGE (In years last birthday): 28 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 655 W. Franklin Street

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL R. SHEPPARD

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

14B. KIND OF BUSINESS OR INDUSTRY: PRIVATE

15. MOTHER'S MAIDEN NAME: MARTHA WILKINS

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mr. William Sheppard ADDRESS: 655 W. Franklin St

MEDICAL CERTIFICATION

19. 571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty Metamorphosis of Liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4 Dec 70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.

25C. FUNERAL DIRECTOR: Gibson Funeral Home ADDRESS: 1631 Druid Hill a

VS 151-REV. 1/1/68

1

70 11754

H-252

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11754

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Madglin) MADELINE HAWKINS

2. DATE OF DEATH Known ☒ Estimated ☐ Month Day Year December 1, 1970 Hour 10:00 P.M.

3. DATE PRONOUNCED DEAD Month Day Year December 1, 1970 Hour 10:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Maryland B. COUNTY 1604

6. SEX Female
7. RACE Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH 8-30-1940
10. AGE (In years last birthday) 30
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER 1800 Lauretta Avenue, 21223

11. BIRTHPLACE (State or foreign country) Halifax Co., N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Hawkins

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Mollie Chase

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.
17. SOCIAL SECURITY NO. 245-58-4625
18. INFORMANT Mrs. Emma Boone ADDRESS 316 Medline St. Roanoke Rapids N.C.

MEDICAL CERTIFICATION

19. 666.0 + 930.1

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Hypoxia and aspiration during spinal anesthesia for Caesarian section

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 12-1-70
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED Premature rupture of membranes
21. AUTOPSY? (Yes or No) Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City Hospitals

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 12-1-70 m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Hypoxia and aspiration during spinal anesthesia for Caesarian section

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED December 3, 1970

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 12/7/70
24C. NAME of CEMETERY or CREMATORY London Bapt. Ch. Cem.
24D. LOCATION (City, town, or county) (State) Roanoke Rapids, N.C.

25A. DATE REC'D BY HEALTH DEPT. DEC 4 1970
25B. NAME OF REGISTRAR Robert E. LaBoy, M.D.
25C. FUNERAL DIRECTOR Morton & Hyatt F.H.
ADDRESS 1701 Laurens St.

VS 151-REV. 1/1/68

N968.9

Letter from M.E.'s office 3-23-71 M.H.

R-200 70 11765

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11765

1. NAME OF DECEASED (Type or Print): Rosch, Rita H

2. DATE AND HOUR OF DEATH: 12/2/70 | 2:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 Bon Secour Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md | B. COUNTY: Balto 5300

C. CITY OR TOWN: Catonsville | D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1313 Denbright Road 21228

5. SEX: F | 6. RACE: W | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-29-24 | 9. AGE (In years last birthday): 46 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lantny, Anthony

14. MOTHER'S MAIDEN NAME: Katherine ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-1141

17. INFORMANT: Mr. Henry J. Rosch, 1313 Denbright Road | ADDRESS: 21228

MEDICAL CERTIFICATION

18. 16211 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Brain Tumor — 14 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of lung — 4 years.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 2 1970 to Dec 2 1970 that (I) (we) last saw the deceased alive on Dec 2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel Galdos MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ | 23B. DATE SIGNED: Dec 2, 1970

23C. PHYSICIAN'S NAME (Type): Manuel Galdos DEGREE | 23D. ADDRESS: Bon Secour Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 12/4/70 | 24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery | 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970 | 25B. NAME OF REGISTRAR: Robert E. Tabey M.D. | 25C. FUNERAL DIRECTOR: Witzke - Witzke | ADDRESS: Edmondson Ave 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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VS 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-414 70 11766

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11766

1. NAME OF DECEASED (Type or Print): WOLFEL, SANDRA LYNN

2. DATE AND HOUR OF DEATH: DECEMBER 2, 1970 | 11:16 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE COUNTY
C. CITY OR TOWN: CATONSVILLE
D. INSIDE CITY LIMITS? YES ☐ NO XX 5300
E. STREET AND NUMBER: 302 PATLEIGH STREET 21228

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03-11-55
9. AGE (In years last birthday): 15
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM E. WOLFEL
14. MOTHER'S MAIDEN NAME: (BASSLER) GRACE FLORENCE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service) 585
16. SOCIAL SECURITY NO.
17. INFORMANT: RECORD'S BALTIMORE MD 21229
ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. 430.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Intraventricular and Subarachnoid Haemorrhage from rupture of intracerebral blood vessels — 2 days
DUE TO, OR AS A CONSEQUENCE OF:
Rupture intracerebral blood vessels
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
after death.

19A. DATE OF OPERATION: 12.2.70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Removal of kidneys for (transplantation)
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from DECEMBER 2, 1970 to DECEMBER 2, 1970 that (I) (we) last saw the deceased alive on DECEMBER 2, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12.3.70
23C. PHYSICIAN'S NAME (Type): JESADA MUANGSOMBUT MD DEGREE
23D. ADDRESS: BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228
ADDRESS

VS 150-REV. 1/1/68

J-525 70 11767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11767

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHNSON, MARGARET L.

2. DATE AND HOUR OF DEATH: 12-4-'70 | 1¹⁰ a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick, 700 W. 40th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 415 North Bend Road

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-3-1895

9. AGE (In years last birthday): 75 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Johnson

14. MOTHER'S MAIDEN NAME: Catherine R. Bell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-40-0395

17. INFORMANT: Mrs. Genevieve J. English, V. Crouch R.N. — ADDRESS: Keswick's Records, 415 North Bend Rd

CAUSE OF DEATH

18. 410.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic heart disease — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-13 1970 to 12-4 1970 that (I) (we) last saw the deceased alive on 12-3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: RK Gundry — DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12-4-70

23C. PHYSICIAN'S NAME (Type): Richard K. Gundry, M.D. — DEGREE

23D. ADDRESS: 700 West 40th Street, Baltimore, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Witzke Funeral Directors — ADDRESS: 1630 Edmondson Ave, Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-635 70 11768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11768

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LESTER R. BURTON

2. DATE AND HOUR OF DEATH: 12-2-70 7:50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1608

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 805 WILDWOOD PARKWAY

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-14-88

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Accountant

10B. KIND OF BUSINESS OR INDUSTRY: U. S. F. & G

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH BURTON (ELijah)

14. MOTHER'S MAIDEN NAME: LAURA SAFFELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-0362

17. INFORMANT: Mrs. Louise Burton, 805 Wildwood Parkway

CAUSE OF DEATH

I

1B. 185X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of the prostate

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 2-1-64

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Prostatic cancer

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 27 Nov 1970 to 2 Dec 1970, that (I) (we) last saw the deceased alive on 2 Dec 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. J. Jitsukawa M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 2 Dec 1970

23C. PHYSICIAN'S NAME (Type): S. J. JITSUKAWA DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/5/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Frederick Ave. Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Tilney, M.D.

25C. FUNERAL DIRECTOR: Witzke Funeral Home

ADDRESS: 4101 Edmondson Ave.

VS 150-REV. 1/1/68

59 34 82 BURTON, LESTER R 02 14 88

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11769

L-521

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11769

BIRTH NO.

CERTIFICATE AMENDED 12-15-70

1. NAME OF DECEASED (Type or Print): LESLIE C. ~~LOUNSBERG~~ LOUNSBURY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 1,1970 Hour 9:10 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION; IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 506 Chapel Gate Lane

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 506 Chapel Gate Lane

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 5/27/03
10. AGE (In years last birthday): 67
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James S. Lounsbury

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Urelia Johnson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 216-16-1616
18. INFORMANT: Huntington Woods, Dr. Mark Lounsbury, 10815 Nadine ADDRESS: Michigan (48070)

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty Metamorphosis of Liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 4101 Edmondson Ave., 21229

VS 151-REV. 1/1/68

1

N-120 70 11770 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 11770

1. NAME OF DECEASED (Type or Print): ALPHONSE NOVICK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 1, 1970 Hour 2:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 PROVIDENT HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1401

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 7/17/23

10. AGE (In years last birthday): 47 If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1803 Eutaw Place

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): unknown

17. SOCIAL SECURITY NO.: 214-62-6739

18. INFORMANT: Alphonse Yocum ADDRESS: 2712 Westfield Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.2 Hypertensive cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/4/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Lansdown, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Tabby, M.D.

25C. FUNERAL DIRECTOR: Witzke Funeral Home ADDRESS: 4101 Edmondson Ave.

VS 151-REV. 7/1/68

B-632-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11771 REG. NO. 70 11771

1. NAME OF DECEASED (Type or Print): JOHN B. BARTKOWIAK

2. DATE AND HOUR OF DEATH: Nov. 28, 1970 | 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL
35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 1001
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 803 S. STREEPER STREET

5. SEX: M. 6. RACE: W. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 12/15/17 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Material Expeditor
10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: STANISLAUS BARTKOWIAK
14. MOTHER'S MAIDEN NAME: MARY ANDRYSIAK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-6961
17. INFORMANT: HOSPITAL CHART ADDRESS

MEDICAL CERTIFICATION

18. 430.0 I 321.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SUBARACHNOID HAEMORRHAGE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) HYPERTENSION — 10 Years.
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
PNEUMONIA — 1 day
Chronic Alcoholism & cirrhosis of Liver — Several years.

19A. DATE OF OPERATION: 11/27/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheostomy following Respiratory arrest.
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 23 1970 to Nov. 28 1970 that (I) (we) last saw the deceased alive on Nov. 28. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rustum Irani M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Nov. 28, 1970
23C. PHYSICIAN'S NAME (Type): RUSTUM IRANI DEGREE
23D. ADDRESS: CHURCH HOME AND HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/2/70
24C. NAME OF CEMETERY or CREMATORY: ST. STANISLAUS CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Talbert
25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI ADDRESS: 2525 Fleet St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-4251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11772 REG. NO. 70 11772

1. NAME OF DECEASED (Type or Print): Walter Cholewczynski

2. DATE AND HOUR OF DEATH: December 1, 1970 11 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 902

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1217 E. 35 th Street

5. SEX: male 6. RACE: cauc. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6 01 1901 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): elec. supervisor 10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse

11. BIRTHPLACE (State or foreign country): Poland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Sylvester 14. MOTHER'S MAIDEN NAME: Valeria Hepner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213 10 1640

17. INFORMANT: Mrs. Anna Cholewczynski ADDRESS: same

MEDICAL CERTIFICATION

18. 4/213 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Coronary insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 48 to Dec. 1 19 70, that (I) ~~(we)~~ last saw the deceased alive on Nov. 19 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: R Donald Jandorf DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 12-3-70

23C. PHYSICIAN'S NAME (Type): R Donald Jandorf DEGREE 23D. ADDRESS: 7403 Harford Rd

24A. BURIAL CREMATION, REMOVAL (Specify): burial 24B. DATE: 12 04 70 24C. NAME of CEMETERY or CREMATORY: Holy Rosary 24D. LOCATION (City, town, or county) (State): Baltimore Ct. Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970 25B. NAME OF REGISTRAR: [illegible] MD 25C. FUNERAL DIRECTOR: R. L. Kaczorowski ADDRESS: 2525 Fleet Street #

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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70 11773

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11773

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK R. STEVENSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 12 Day 2 Year 70 Hour M.

3. DATE PRONOUNCED DEAD: Month December Day 2 Year 1970 Hour 2:31 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): OD 3812 Pleasant Place

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1307

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 9-4-97

10. AGE (In years last birthday): 73

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3812 Pleasant Place

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert D.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Catharine FRAZIER

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WWI

17. SOCIAL SECURITY NO.:

18. INFORMANT: CHAS. A Stevenson ADDRESS: Same

MEDICAL CERTIFICATION

19. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Carcinoma of Lung

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. ~~BURIAL~~ CREMATION, ~~REMOVAL~~ (Specify)

24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: R. L. Kacz & Russell

ADDRESS: 2525 Aiut St

VS 151-REV. 1/1/68

Q 6421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11774 REG. NO. 70 11774

1. NAME OF DECEASED (Type or Print): Roland Quarles

2. DATE AND HOUR OF DEATH: 11/30/70 11:40 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 808
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 1201 N. Durham Street

5. SEX: Male 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐

8. DATE OF BIRTH: 10/12/85 9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Eastern Steel
11. BIRTHPLACE (State or foreign country): Culpepper, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Quarles
14. MOTHER'S MAIDEN NAME: Florence Wise

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-0746
17. INFORMANT: Mr. William Lambinski ADDRESS: 3019 Hanlon

MEDICAL CERTIFICATION

I

1B. 436.9 + 785X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: SEPTICEMIA, PNEUMONIA — ~3 weeks

DUE TO, OR AS A CONSEQUENCE OF: CEREBROVASCULAR ACCIDENT — ~1 mos

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIOSCLEROTIC VASCULAR DISEASE >20y

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Carcinoma of Prostate

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/3/70 19 to 11/30 19 70, that (I) (we) last saw the deceased alive on 11/30/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bernadine H. Bulkley DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): Bernadine H. Bulkley DEGREE
23D. ADDRESS: Johns Hopkins Hospital, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNEAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11775 REG. NO. 70 11775

1. NAME OF DECEASED (Type or Print): William Henry Alston / WILLIAM H. ALSTON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 30 Year 1970 Hour 5:15 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

CERTIFICATE AMENDED 12-10-70

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 806

6. SEX: male

7. RACE: negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 6-22-1914

10. AGE (In years last birthday): 56. 55 — If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1816 E. Lafayette Avenue

11. BIRTHPLACE (State or foreign country): Littleton, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kincher Alston

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

14B. KIND OF BUSINESS OR INDUSTRY: Supply Co.

15. MOTHER'S MAIDEN NAME: Peggy Johnson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO.: 237-24-1920

18. INFORMANT: Mrs. Gertrude Alston ADDRESS: 1816 E. Lafayette Ave.

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — CAUSE OF DEATH: Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12-1-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-4-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Pk.

24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Jackey M.D.

25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

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G 463

70 11776

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11776

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bobby T. Gaylord

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 Day: 26 Year: 70 Hour: 8:22 p.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 26 Year: 70 Hour: 8:22 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 833
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: 3/9/42
10. AGE (In years last birthday): 28
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2408 Llewlyn Avenue

11. BIRTHPLACE (State or foreign country): Plymouth, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Gaylord

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Sanitation
15. MOTHER'S MAIDEN NAME: Bernice Basnight

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 24-38-7300
18. INFORMANT: Bernice Gaylord ADDRESS: 2408 Llewellyn Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965 X

(A) IMMEDIATE CAUSE: Gunshot wound of neck
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unk.
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Subject was found ~~on~~ in front of 2443 E. Hoffman St. 833

22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 26 (Year) 70 (Hour) 8:10 p.m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject was shot by unknown assailant.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-31-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 7/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11777 REG. NO. 70 11777

1. NAME OF DECEASED (Type or Print): FRED GUNTER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 2,1970 Hour 1:00 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTO. GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2562
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1103 Cherry Hill Road

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Nov. 15, 1894

10. AGE (In years last birthday): 76 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Gunter

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Sophia Upshur

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mary Gunter ADDRESS: 1103 Cherry Hill Rd.

MEDICAL CERTIFICATION

19. 492X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Pulmonary Emphysema

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/5/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3199 Lehmondale

VS 151-REV. 1/1/68

1

J 525

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11778 REG. NO. 70 11778

1. NAME OF DECEASED (Type or Print): Ervin Johnson

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 11 Day 30 Year 70 Hour 6:55 a.m.

3. DATE PRONOUNCED DEAD — Month 11 Day 30 Year 70 Hour 6:55 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2503 Hollins Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2004
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: Oct. 25, 1917
10. AGE (In years last birthday): 53
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2503 Hollins Street

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ervin Johnson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Blanch Haggie

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Frances Wilson ADDRESS: 2503 Hollins St.

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 11/30/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 4, 1970
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3991 Lehordu St

VS 151-REV. 1/1/68

N 3221
H 125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11779

BIRTH NO. 70 11779

1. NAME OF DECEASED (Type or Print): Margaret Niedzwick a/k as Margaret Hopkins

2. DATE AND HOUR OF DEATH: December 1, 1970 | 11:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2705 E. Fayette Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2705 E. Fayette Street

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/11/18
9. AGE (In years last birthday): 52
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Maid
10B. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Ulrich
14. MOTHER'S MAIDEN NAME: Rose Mary Mattare

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): –
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 216-01-0606
17. INFORMANT: Mr. Edward J. Niedzwick
ADDRESS: 2705 E. Fayette S

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 1 1970 to Dec. 1 1970, that (I) (~~we~~) last saw the deceased alive on 12/1 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph R. Liberto, MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): JOSEPH R. LIBERTO, M.D. DEGREE
23D. ADDRESS: 3508 Bank St. - Baltimore, Md 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: M.F. SADOWSKI & SONS
ADDRESS: 1808 EASTERN AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T2-521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11780 REG. NO. 70 11780

1. NAME OF DECEASED (Type or Print): Ray D. Tusing

2. DATE AND HOUR OF DEATH: 11-28-70 3:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2102
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 311 Washington Blvd.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH: 2-1-28 9. AGE (In years last birthday): 42 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman 10B. KIND OF BUSINESS OR INDUSTRY: Merchant Marines

11. BIRTHPLACE (State or foreign country): Oklahoma 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John I. Tusing

14. MOTHER'S MAIDEN NAME: Pearl M. McDonald

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 566-30-5471

17. INFORMANT: Mrs. Patsy Ryon (Chart) ADDRESS: 3142-30th St. San Diego California

MEDICAL CERTIFICATION

18. 37.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: hepatic coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: GI bleeding — Oesophageal varices ± 1½ year
(B) Laennec's cirrhosis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-27 19 70 to 11-28 19 70 that (I) (we) last saw the deceased alive on 11-28 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Janice Voranaka M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11-28-70
23C. PHYSICIAN'S NAME (Type): JANIRA VORARAKS M.D. DEGREE
23D. ADDRESS: Bon Secours Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Rem. Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: Geary
24D. LOCATION (City, town, or county) (State): Geary, Oklahoma

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

811 Washington Blvd.

J-635

BIRTH NO. 70 11781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11781

1. NAME OF DECEASED (Type or Print): Mary Jordan

2. DATE AND HOUR OF DEATH: Dec. 1, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1325 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1901
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1325 W. Fayette St.

5. SEX: Female
6. RACE: Col.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 5, 1915
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel
14. MOTHER'S MAIDEN NAME: ~~Mr~~ Lucy Hillard

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Frank Jordan ADDRESS: 1101 Coloney St.

MEDICAL CERTIFICATION

18. 410.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute coronary occlusion — instant
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D. — 2-3 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-5 1968 to 12-1 1970 that (I) (we) last saw the deceased alive on 12-1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hiroshi Nakazawa DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-4-70
23C. PHYSICIAN'S NAME (Type): HIROSHI NAKAZAWA DEGREE
23D. ADDRESS: 521 W. Lexington St. Balto #1

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3199 N. Schroeder St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-652 70 11782 X REG. NO. 70 11782

1. NAME OF DECEASED (Type or Print): Morris Thomas Hornick Jr.

2. DATE AND HOUR OF DEATH: Dec. 2. 1970 | 3⁴⁰ P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 13 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: A.A. Co 5200
C. CITY OR TOWN: Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt. 1-Box-182-Locust Grove Road

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 1915 9. AGE (In years last birthday): 55 If Under 1 Yr.: Months Days If Under 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Paper Supply Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris T. Hornick, Sr
14. MOTHER'S MAIDEN NAME: Vola Estelle Robust

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-07-7780
17. INFORMANT: Mrs. Constance M. Hornick (wife) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 days
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV. 18 19 70 to Dec. 2 19 70 that (I) (we) last saw the deceased alive on Dec. 2. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Susumu Kinjo MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Dec. 2. 1970
23C. PHYSICIAN'S NAME (Type): Susumu Kinjo MD DEGREE
23D. ADDRESS: 3001 South Hanover Street, Baltimore, MD 21223

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Mendowridge Memorial Pk.
24D. LOCATION (City, town, or county) (State): Elkridge Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: R.V. Singleton Glen Burnie, Md.
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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H-620

BIRTH NO. 70 11783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11783

1. NAME OF DECEASED (Type or Print): Harris, Robert L

2. DATE AND HOUR OF DEATH: 12/2/70 0445 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1348
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3808 Falls Rd

5. SEX: M
6. RACE: W
7. MARRIED [ ] ~~NEVER MARRIED~~ [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 08-19-08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry H. Harris
14. MOTHER'S MAIDEN NAME: Harris, Florence
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-03-2977
17. INFORMANT: Howard R. Harris (Cousin) 3808 Falls Rd. Baltimore ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA, Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11/27/70

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/27 1970 to 12/2 1970 that (I) (we) last saw the deceased alive on 12/1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ted Fazekas MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): FAZEKAS MD DEGREE
23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: St. Paul's Cemetery
24D. LOCATION (City, town, or county) (State): Upperco, Balto.Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Zeller, M.D.
25C. FUNERAL DIRECTOR: Tipton-Eline Funeral Home, Hampstead, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

sab-44-33-5

J-620 70 11784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 11784

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Thomas J. Jaworsky
THOMAS JAWORSKY

2. DATE AND HOUR OF DEATH: 12/1/70 12 20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals
4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8222 Long Point Road 21222

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-6-1910
9. AGE (In years last birthday): 60
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanislaus Jaworsky
14. MOTHER'S MAIDEN NAME: Mary Ann Bansak

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 209-07-6979
17. INFORMANT: Records: BCH: 4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Valvular rheumatic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/23 1970 to 12/1 1970 that (I) ~~(we)~~ last saw the deceased alive on 12/1 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James T. Corkins DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12-1-1970
23C. PHYSICIAN'S NAME (Type): James T. Corkins DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Md. Baltimore City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Tabery, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-245

70 11785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11785

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HELEN McLEAN

2. DATE AND HOUR OF DEATH: DECEMBER 2, 1970 | 2 am.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 PROVIDENT HOSPITAL 1514 Division Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1601
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 910 Arlington Avenue 1st Fl.

5. SEX: Female
6. RACE: Black
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-23-16
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES RODGERS
14. MOTHER'S MAIDEN NAME: ELIZABETH BRANSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 152-22-5805
17. INFORMANT: Mrs. Edna Thomas/Sister (VENEY) — ADDRESS: 520 Mt. Holley

MEDICAL CERTIFICATION

18. 404X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Massive Cerebral Hemorrhage — 3 days
DUE TO, OR AS A CONSEQUENCE OF:
Cerebral edema + Respiratory Depression — 2 hrs
(B) Old Renal Infarctions — undetermined
DUE TO, OR AS A CONSEQUENCE OF:
(C) Art. Sclerot Cardiorenal Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 29, 19 70 to December 2, 19 70 that (I) (we) last saw the deceased alive on December 2, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Webster Sewell MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 2 Dec 70
23C. PHYSICIAN'S NAME (Type): Dr. Webster Sewell M.D. DEGREE
23D. ADDRESS: PROVIDENT HOSPITAL/ 1514 Division St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5-5-70
24C. NAME of CEMETERY or CREMATORY: MT. PLEASANT CEM.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: L. R. Bailey — ADDRESS: Kelson F. H. 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-243 70 11786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11786

1. NAME OF DECEASED (Type or Print): Charles Deshields

2. DATE AND HOUR OF DEATH: 12-3-70 9 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1604
C. CITY OR TOWN: Balti.
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 611 N. Monroe St.

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 4-1-01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES DESHEILDS
14. MOTHER'S MAIDEN NAME: LIZZIE STEWARD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-05-7544
17. INFORMANT: HATTIE WESLEY — SAME
ADDRESS:

MEDICAL CERTIFICATION

18. 199.1 I
CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Advanced Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-18-70 19 ____ to 12-3-70 19 ____ 9 45 A.M. that (I) (we) last saw the deceased alive on 12-3-70 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 12-3-70
23C. PHYSICIAN'S NAME (Type): Nassir SAGHAFI, M.D. DEGREE
23D. ADDRESS: Lutheran Hosp. of Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: MT. CALVERY CEM.
24D. LOCATION (City, town, or county) (State): BALTO., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Lebey, M.D.
25C. FUNERAL DIRECTOR: D. BAILEY
ADDRESS: KELSON F.H. 1348 CALHOUN ST.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-520 70 11787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11787

1. NAME OF DECEASED (Type or Print): JONES, FILMORE

2. DATE AND HOUR OF DEATH: 12/1/70 2:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GRANADA NURSING CENTER INC 4017 LIBERTY HTS AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2002
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2594 W. FAYETTE ST

5. SEX: MALE
6. RACE: BLACK
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 12/2/1893
9. AGE (In years last birthday): 77 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CITY LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN JONES
14. MOTHER'S MAIDEN NAME: ELIZABETH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-03-6074A
17. INFORMANT: GEO. JONES - 204 S. MEDICAL RECORDS. ADDRESS: CATHERINE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ATHERISCLEROTIC CARDIOVASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-27-70 19 to 12/1/70 19 that (I) (we) last saw the deceased alive on 12/1/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): HOLLIS BERNARDINE DEGREE
23D. ADDRESS: 1801 Greenberry Rd Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: MT. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Kelson F.H.
ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

M-610 70 11788

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11788

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ELSIE MURPHY

2. DATE AND HOUR OF DEATH: 12-3-70 12:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTO. GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21225 2544
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4124 Townsend Ave.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 5-26-05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: Balto City
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OSCAR STEINITZ
14. MOTHER'S MAIDEN NAME: PAULINE Lotzger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 219-30-2222
17. INFORMANT: DAUGHTER
ADDRESS: BALTO. MD. 21225

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEART DISEASE - of undetermined CAUSE 4 NATURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) urinary Carcinoma of the bladder
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes mellitus

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): none

429.9 / 250.9

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12-3-70 19 to 12-3-70 19 that (I) (we) last saw the deceased alive on 12-3-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: ABVillafania M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-3-70
23C. PHYSICIAN'S NAME (Type): LILIA B. VILLA FANIA M.D. DEGREE
23D. ADDRESS: S. Balto. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Zeller M.D.
25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc.
ADDRESS: 1501 E. Fort Avenue

VS 150-REV. 1/1/68

W-426 70 11789

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11789

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Dr. W. WALLACE WALKER

2. DATE AND HOUR OF DEATH: 12/2/70 11:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL BALTIMORE, MARYLAND 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 901
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3748 ELLERSLIE AVE

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/13/98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? AMERICA
13. FATHER'S NAME: JOHN W. WALKER
14. MOTHER'S MAIDEN NAME: MARTHA HAGERMAN.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-24-6146A
17. INFORMANT: BERTHA WALKER ADDRESS: SAME ADDRESS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBROVASCULAR ACCIDENT.
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASPIRATED PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/2 19 70 to 12/2 19 70 that (I) (we) last saw the deceased alive on 12/2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A.C. Chowvalit, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/2/70.
23C. PHYSICIAN'S NAME (Type): A.C. CHOWVALIT, M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL BALTIMORE, MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: WHITE'S CEMETERY
24D. LOCATION (City, town, or county) (State): CLIFFTOP W VA.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Wm J. Tuckner & Sons
ADDRESS: N. & PA. AVES Balto Md.

VS 150-REV. 1/1/68

MBJ 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-436 70 11790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11790

1. NAME OF DECEASED (Type or Print): SCHLEDER, ANTOINETTE AGNES

2. DATE AND HOUR OF DEATH: DECEMBER 4, 1970 3:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1816 NEW CASTLE RD

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 04/20/23 9. AGE (In years last birthday): 47 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: HENRY WILLIAMS 14. MOTHER'S MAIDEN NAME: SELMA OGAITIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 216-14-4357 17. INFORMANT: ST AGNES RECORDS-WILKENS & CATON AVES ADDRESS: BALTIMORE MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Multiple sclerosis — 12 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DECEMBER 2 1970 to DECEMBER 4 1970 that (I) (we) last saw the deceased alive on DECEMBER 4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 12/4/70

23C. PHYSICIAN'S NAME (Type): Jose Apter, M.D. DEGREE 23D. ADDRESS: ST AGNES HOSPITAL-WILKENS & CATON AVES BALTIMORE MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/8/70 24C. NAME of CEMETERY or CREMATORY: Arlington National Cemetery 24D. LOCATION (City, town, or county) (State): Arlington, Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. Fisher, M.D. 25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., 21228 ADDRESS

VS 150-REV. 1/1/68

H-250 70 11791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11791

1. NAME OF DECEASED (Type or Print) MR. JOHN L. HESSION.

2. DATE AND HOUR OF DEATH 12/5/70 1235 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY 2864

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER 4502 Frederick Road

5. SEX Male 6. RACE Caucasian 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 3-15-93 9. AGE (In years last birthday) 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - Rwy. Express

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-01-2552

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hs

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROSIS CARDIOVASCULAR DISEASE — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DEC 4 1970 to DEC 5 1970 that (I) (we) last saw the deceased alive on DEC 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Manuel Galdos DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED Dec 5, 1970

23C. PHYSICIAN'S NAME (Type) Manuel Galdos DEGREE

23D. ADDRESS Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/8/70

24C. NAME of CEMETERY or CREMATORY New Cathedral

24D. LOCATION (City, town, or county) (State) Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 7 1970

25B. NAME OF REGISTRAR Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave. 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-260 70 11792

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11792

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KATHERINE E. HEIGER

2. DATE AND HOUR OF DEATH: December 3, 1970. 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3002 Clifton Park Terrace

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3002 Clifton Park Terrace

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Dec 11 1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gabler
14. MOTHER'S MAIDEN NAME: Mary T. Swanner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Virginia Russell
ADDRESS: 3002 Clifton Park Terr Balto. Md.

MEDICAL CERTIFICATION

18. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertension — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Atherosclerotic C.V.D. — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Gastric ulcer — 5 yrs

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from — 1956 to 12-3 1970 that (I) (we) last saw the deceased alive on 12-3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Duer Moores MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-4-70
23C. PHYSICIAN'S NAME (Type): Dr. J. Duer Moores DEGREE
23D. ADDRESS: 3105 Belair Rd. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Dec. 5 '70
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Calvert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.
ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

H-536 70 11793

BIRTH NO. Mattie P. Henderson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11793

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MATTIE P. HENDERSON

2. DATE AND HOUR OF DEATH: 3 December 1970 | 2 10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MD. GENL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 901
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 516 E. 41 st. Street

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-7-1892 9. AGE (In years last birthday): 78 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. Neely Henderson
14. MOTHER'S MAIDEN NAME: ~~Rachel~~ Rachael Patterson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-30-8179
17. INFORMANT: Marvin Henderson ADDRESS: 9902 Gunforge Rd.

MEDICAL CERTIFICATION

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC HEART DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Wm Gregory Brice DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/3/70
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: McKendree Cem.
24D. LOCATION (City, town, or county) (State): Black Horse, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. MD.

VS 150-REV. 1/1/68

W-420 70 11794

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11794

1. NAME OF DECEASED (Type or Print): L. Emma Wallis

2. DATE AND HOUR OF DEATH: 12-3-70 | 5:00P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5200
C. CITY OR TOWN: Dundalk Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8167 Kavanagh Road

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 4-14-09
9. AGE (In years last birthday): 61 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Leyhe
14. MOTHER'S MAIDEN NAME: Mary Zazic
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-2297
17. INFORMANT: (Daughter) ADDRESS: 8167 Kavanagh Rd. Mrs. Katherine P. Pilkerton, Dundalk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventricular Fibrilation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Edema

DUE TO, OR AS A CONSEQUENCE OF:

(C) Myocardial Damage

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Metastatic Ca

19A. DATE OF OPERATION: Nov 30/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intractable Pain
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from 11-25-70 19 70 to Dec 3 19 70 that (we) last saw the deceased alive on 12-3 19 70 and that in (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gustavo Hinojosa DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Dec 3/70
23C. PHYSICIAN'S NAME (Type): Gustavo Hinojosa DEGREE
23D. ADDRESS: Baltimore, Maryland Univ of Md. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Fisher M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-345

BIRTH NO. 70 11795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11795

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Fannie Needleman

2. DATE AND HOUR OF DEATH: 12-2-1970 5:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MARYLAND B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4757 BYRON ROAD

5. SEX: Female
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH:
9. AGE (In years last birthday): 76 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ZELIG NARON
14. MOTHER'S MAIDEN NAME: BESSIE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. MAE LEVITAS, ADDRESS: 4757 BYRON RD. #21208

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Inferior wall Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic heart disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Urinary tract infection

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 24 1964 to December 2 1970 that (I) (we) last saw the deceased alive on December 2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore R. Reiff M.D. DEGREE — Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 12-3-1970
23C. PHYSICIAN'S NAME (Type): Theodore R. Reiff, M.D. DEGREE
23D. ADDRESS: Levindale Hebrew Home and Infirmary

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: POSVOHLER FRIENDLY SOCIETY
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. [illegible], M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11796

BIRTH NO. L-155 70 11796

1. NAME OF DECEASED (Type or Print): LIPPMAN, RENA H

2. DATE AND HOUR OF DEATH: 12-1-70 2:09 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSP
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 5912 Bland St
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5912 Bland Street 21215 2740

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/07/08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY
10B. KIND OF BUSINESS OR INDUSTRY: CITY COLLEGE
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morris Hummel
14. MOTHER'S MAIDEN NAME: CELIA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-2701
17. INFORMANT: MR. IRVIN W. LIPPMAN, 5912 BLAND AVE. #15
ADDRESS

MEDICAL CERTIFICATION

1B. 203X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock of ? etiology — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Multiple Myeloma — 1 year
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/30/70 12 midn 19 to 12/1/70 2:09 PM 19, that (I) (we) last saw the deceased alive on 12/1/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jerrold Ellner DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): JERROLD ELLNER DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

U-526 70 11797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11797

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUISE D. UNGER

2. DATE AND HOUR OF DEATH: DECEMBER 2, 1970 | 9 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BROADVIEW APTS., APT. 909, 116 W. UNIVERSITY PKWY.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1201

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 116 W. UNIVERSITY PKWY, APT. 909

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: OCT. 25, 1895 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BOSTON, MASSACHUSETTS 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MAX DEAN

14. MOTHER'S MAIDEN NAME: ANNA MEYERS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. EUGENE FEINBLATT, 5820 PIMLICO RD. #9 ADDRESS

MEDICAL CERTIFICATION

18. 734.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) ? Lupus lung disease — 4 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypertension — Yes.

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from FEB 14 1969 to OCT 6 1970, that (I) (~~we~~) last saw the deceased alive on OCT 6 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: Dec 3/70

23C. PHYSICIAN'S NAME (Type): EDWIN BERSTOCK M.D. DEGREE 23D. ADDRESS: 3500 N. CALVERT STREET

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12-3-70 24C. NAME of CEMETERY or CREMATORY: OHEB SHALOM MEMORIAL PARK 24D. LOCATION (City, town, or county) (State): REISTERSTOWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: [signature] 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-524

BIRTH NO. 70 11798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11798

1. NAME OF DECEASED (Type or Print): Aaron Finkelstein

2. DATE AND HOUR OF DEATH: Dec. 1, 1970 | 11 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2730
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2832 DAMASCUS COURT #9

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/28/18
9. AGE (In years last birthday): 52
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of store
10B. KIND OF BUSINESS OR INDUSTRY: HARDWARE STORE
11. BIRTHPLACE (State or foreign country): NEW YORK, NY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Finkelstein
14. MOTHER'S MAIDEN NAME: Ida ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): USA 1941-1945
16. SOCIAL SECURITY NO.: 086-03-2855
17. INFORMANT: MRS. ESTHER FINKELSTEIN, 2832 DAMASCUS CT. #9 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Left parietal glioma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 30 1970 to Dec. 1 1970 that (I) (we) last saw the deceased alive on Dec. 1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Benjamin, MD. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): Robert S. Benjamin, Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [illegible], M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

RGB

D-525

BIRTH NO. 70 11799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11799

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DUNCAN, chester Arthur

2. DATE AND HOUR OF DEATH: 12/2/70 8⁰⁰ A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: ~~3838 Roland Ave.~~, Md. 1307
C. CITY OR TOWN: Baltimore Md.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3838 Roland Ave.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 01/14/82
9. AGE (In years last birthday): 88
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Pharmacist
11. BIRTHPLACE (State or foreign country): ~~Md.~~ Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? James Duncan
14. MOTHER'S MAIDEN NAME: ? Sara Spence
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No ? (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: 462-01-3999
17. INFORMANT: Annie T. Le Compte ADDRESS: 1001 Andrews Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 431.0

(A) IMMEDIATE CAUSE: Cerebral bleeding — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12/1/70

DUE TO, OR AS A CONSEQUENCE OF: Hypertension ? — yrs ?

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): opposed
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1 19 70 to 12/2 19 70 that (I) (we) last saw the deceased alive on 12/1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles Fazekas MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): C. FAZEKAS MD DEGREE
23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/~~12~~5/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Fuller, M.D.
25C. FUNERAL DIRECTOR: A. Alan Seitz Jr. - ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

MLM 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-436 70 11800

BIRTH NO. 70-21789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11800

1. NAME OF DECEASED (Type or Print): MILTER, BABY GIRL, Dawn Marie

2. DATE AND HOUR OF DEATH: 12 2 70 12:30P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: ST AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2854

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4836 FREDERICK AVE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12 2 70 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 6 Min.: 42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWBORN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WAYNNE MILTER

14. MOTHER'S MAIDEN NAME: CAROL PFEIFFER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: ST AGNES HOSPITAL RECORDS ADDRESS: WILKENS & CATON BALTO MD 21229

MEDICAL CERTIFICATION

18. 770.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Prematurity — 6 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Abruptio Placenta Previa — 6 hours

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 2 19 70 to 12/2 19 70 that (I) (we) last saw the deceased alive on 12 2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gloria Cruz M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] (intern)

23B. DATE SIGNED: 12-2-70

23C. PHYSICIAN'S NAME (Type): MIRIAM CRUZ MD DEGREE

23D. ADDRESS: ST AGNES HOSPITAL BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/3/1970

24C. NAME of CEMETERY or CREMATORY: Morgan Chapel

24D. LOCATION (City, town, or county) (State): Carroll Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Box 326, Sykesville, Md.

VS 150-REV. 1/1/68

C-600 70 11801

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11801

1. NAME OF DECEASED (Type or Print): Nannie M. Carr

2. DATE AND HOUR OF DEATH: 11/28/76 4:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3026 Chesley Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 2735

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3026 Chesley Ave.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 9-12-1886

9. AGE (In years last birthday): 84

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bushrod Carter

14. MOTHER'S MAIDEN NAME: Lily Ford

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 205-12-3875

17. INFORMANT: Doris V. Carr

ADDRESS: 3026 Chesley Ave. Balto. 21234

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease — Today

DUE TO, OR AS A CONSEQUENCE OF: (Myocardial Infarction)

(B) Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1945 to 11/28 1976, that (I) (we) last saw the deceased alive on 11/28 1976 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Conrad L. Richter DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/30/76

23C. PHYSICIAN'S NAME (Type): Conrad L. Richter DEGREE

23D. ADDRESS: 3128 Harford Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-1-70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county): Parkville (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Foley M.D.

25C. FUNERAL DIRECTOR: Lassahn Funeral Home

ADDRESS: 7401 Belair Rd. 21236

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-420 70 11802

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11802

1. NAME OF DECEASED (Type or Print): MADELINE J. SLUSS

2. DATE AND HOUR OF DEATH: DEC 2, 1970 | 12 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTOBELLO STATE HOSPITAL

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 7810 BIRMINGHAM AVENUE

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 18 JULY 1927

9. AGE (In years last birthday): 43

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist-Bendix-

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Erich Wedeman

14. MOTHER'S MAIDEN NAME: Edith Shelton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-24-8724

17. INFORMANT: Richard Sluss, husband, above

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Laennec's Cirrhosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic alcoholism

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 30 1970 to Dec 2 1970 that (I) (we) last saw the deceased alive on Dec 2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald S. Pototsky MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 2 DEC 1970

23C. PHYSICIAN'S NAME (Type): RONALD S. POTOTSKY M.D. DEGREE

23D. ADDRESS: MONTOBELLO STATE HOSP BALTO MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/4/70

24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.

ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-550

BIRTH NO. 70 11803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11803

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): BARBARA M. MANNION

2. DATE AND HOUR OF DEATH: Nov. 30, 1970 | 6:30 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21213 831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2215 Chesterfield Avenue

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/20/84
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustine Sima
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-46-2066T
17. INFORMANT: Mrs. Ellen Chapin, dght., above — ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic heart disease — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 30 1970 to Nov 30 1970 that (I) (we) last saw the deceased alive on Nov 30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: Conrad Richter DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): Dr. Conrad Richter DEGREE
23D. ADDRESS: 3128 Harford Road

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

R-400 70 11804

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11804

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Belle MARY RILEY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 1 Year 1970 Hour 11 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2634
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 921 N. Horners Lane- Keswick Nursing Home

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: May 3, 1911
10. AGE (In years last birthday): 59
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Arnett

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: at home
15. MOTHER'S MAIDEN NAME: unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Wm. Robertson, friend, ADDRESS: 912 Spangler Way

MEDICAL CERTIFICATION

19. E930.1

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Xylocaine reaction

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Johns Hopkins Hospital 6-04

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-1-70 a m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Therapeutic misadventure

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-2-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 151-REV. 1/1/68

N 969 X

Letter from M.E.'s office 3-12-71 M.H.

3/15/71 - Operation not started
Died when anesthetic was given
Information from Dr. Michalakis, Med Exam
via phone gc

B-623

BIRTH NO. 70 11805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11805

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Berkowitz, Lillian

2. DATE AND HOUR OF DEATH: 12-3-70 5:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Sinai Hosp. of Baltimore
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: U.S.A. 2831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6612 Eberle Dr

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-24-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Baltimore MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SIMON SINGER
14. MOTHER'S MAIDEN NAME: JENNIE KLEIN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. SIDNEY FELDMAN, ADDRESS: 2527 FARRINGDON RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Resp. - Cardiodecompensation for K
DUE TO, OR AS A CONSEQUENCE OF:
(C) esophageal varices

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 12-1-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fat
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-1 19 70 to 12-3 19 70 that (I) (we) last saw the deceased alive on 12-1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Berchard DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): SAKOA BENCHASIL DEGREE
23D. ADDRESS: Sinai Hosp. of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: CHIZUK, AMUNO (ARLINGTON) KNAX
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Bailey M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

F-240 70 11306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11306

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE FOGEL

2. DATE AND HOUR OF DEATH: DECEMBER 2, 1970 1:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BELVEDERE NURSING HOME 2525 W. BELVEDERE AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2798

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4824 CORDELIA AVENUE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-12-1889

9. AGE (In years last birthday): 80

If Under 1 Yr. Months Days / If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID HARANSKY

14. MOTHER'S MAIDEN NAME: EVA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-24-5477B

17. INFORMANT: MR. CHARLES FOGEL, 4824 CORDELIA AVE. #15

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Acute myocardial infarction	acute
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	ASCVD	Chronic
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/25 1970 to Present 19____, that (I) (~~we~~) last saw the deceased alive on 11/26 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Leon Shear DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type): LEON SHEAR DEGREE

23D. ADDRESS: 6715 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-4-70

24C. NAME of CEMETERY or CREMATORY: PETACH TIKVAH

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-436 70 11807

REG. NO. 70 11807

1. NAME OF DECEASED (Type or Print): JOSEPH HERBERT H. WALDER

2. DATE AND HOUR OF DEATH: 12/1/70 10.30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2734

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5860 Bel Air Road Balto. MD 21206

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/17/22 9. AGE (In years last birthday): 48 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Opener

10B. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Morris Walden

14. MOTHER'S MAIDEN NAME: Grace C. Naylor

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. II

16. SOCIAL SECURITY NO.: 217-16-1261

17. INFORMANT: Chart Mrs. Herbert Walder ADDRESS: 5860 Belair Rd. Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary tuberculosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Part 1 U.S.

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/30 19 70 to 12/1 19 70 that (I) (we) last saw the deceased alive on 12/1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [illegible] DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type): JACQUES KHOURY DEGREE

23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-4-1970 24C. NAME of CEMETERY or ~~CREMATORY~~: Parkwood Cemetery 24D. LOCATION (City, town, or county) (State): Taylor Ave., Balto., Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. [illegible] 25C. FUNERAL DIRECTOR: J. Walter Conklin ADDRESS: 5444 Belair Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-430 70 11808

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

Registered No. 70 11808

1. NAME OF DECEASED (Type or Print) John E. Bluett / John E. Bluett

2. DATE AND HOUR OF DEATH Dec. 3, 1970 / Dec. 3, 1970 — 2:20 A.M. / 2:20 A M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. / Md.

B. COUNTY Baltimore / Baltimore — 5300

C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore (Lochearn-Villa Nova)

D. STREET ADDRESS (If rural, give location) 4115 Bedford Rd. 4115 Bedford Rd. 21207

5. SEX Male / Male

6. RACE White / White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

8. DATE OF BIRTH 4-3-15 / 4-3-15

9. AGE (In years last birthday) 55 / 55

If Under 1 Yr. Months Days — If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Social Security / Supervisor Social Security

10B. KIND OF BUSINESS OR INDUSTRY Administration / Administration

11. BIRTHPLACE (State or foreign country) Chicago, Illinois / Chicago, USA

12. CITIZEN OF WHAT COUNTRY? U.S.A. / U.S.A.

13. FATHER'S NAME John Edward Bluett

14. MOTHER'S MAIDEN NAME Jennie M. Larson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No — (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. 219-42-6190

17. INFORMANT Mrs. Ruth Bluett — ADDRESS 4115 Bedford Road, 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 3-40.01

(A) Renal failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Sepsis and shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) perforated appendicitis + possibly perforated sigmoid diverticulitis — 10 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 11-23-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ruptured appendicitis

20A. AUTOPSY? (Yes or No) yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 19 1970 to Dec. 3 1970, that (I) (we) last saw the deceased alive on Dec. 3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Joseph Lowe M.D. — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED 12-3-70 / 12-3-70

23C. PHYSICIAN'S NAME (Type) Joseph Lowe / JOSEPH LOWE M.D.

23D. ADDRESS Maryland General Hospital, Baltimore, Md. / Maryland General Hospital, Baltimore, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/5/70

24C. NAME of CEMETERY or CREMATORY Lake View Memorial Park

24D. LOCATION (City, town, or county) (State) Sykesville, Carroll, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 7 1970

25B. NAME OF REGISTRAR Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR Loring Byers

ADDRESS 8728 Liberty Rd. Randallstown, 21133

VS 150-REV. 1/1/65

W-200 70 11809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11809

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WEEKS, GEORGE W., JR.

2. DATE AND HOUR OF DEATH: Decemb. 2, 70 | 6:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2745

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3012 Fleetwood Ave

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 02-17-84

9. AGE (In years last birthday): 86 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10B. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: George Weeks

14. MOTHER'S MAIDEN NAME: Georgia Beck

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-07-2962

17. INFORMANT: Bessie C. Weeks ADDRESS: same

MEDICAL CERTIFICATION

18. 412.4

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive heart failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) RD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Decemb. 1 19 70 to Decemb. 2 19 70 that (I) (we) last saw the deceased alive on Decemb. 2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Decemb. 2, 70

23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE

23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/4/70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Robert C. Altenburg Funeral Home, Inc.

ADDRESS: 6009 Harford Rd. - Balto., Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 6-143 70 11810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11810

1. NAME OF DECEASED (Type or Print): LAYFIELD, Robert L.

2. DATE AND HOUR OF DEATH: 12-2-70 | 3 00 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 103
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 627 S. Belnord Ave.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-29-88
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailmaker
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): Fairmount, Somerset County, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Layfield
14. MOTHER'S MAIDEN NAME: Mary Hurley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-72-9394T
17. INFORMANT: Mrs. Dora A. Layfield
ADDRESS: 627 S. Belnord Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4 12.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypertensive arteriosclerotic	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	cardiovascular disease	70 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	[cardiac & renal failure 2° to above]	3 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23 1970 to 12/2 1970, that (I) (we) last saw the deceased alive on 12/2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard J. Ovellette MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/'70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Foley M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

1

A-252 70 11811

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11811

1. NAME OF DECEASED (Type or Print): DAVID ABRAHAM AIKENS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 28, 1970 Hour 10:25 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 538 McMechen Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1402

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Jan. 1, 1908

10. AGE (In years last birthday): 62

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 538 McMechen Street

11. BIRTHPLACE (State or foreign country): Allendale S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Aikens

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Anna ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

17. SOCIAL SECURITY NO. 252-16-0255

18. INFORMANT: Clifford Creech ADDRESS: 5249 Cordelia Ave.

MEDICAL CERTIFICATION

19. 4.12.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hypertensive cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/3/70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Balto md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: Wm. J. H. Sigman ADDRESS: 3192 Selwyn Ave

VS 151-REV. 1/1/68

F-616 70 11812

BIRTH NO. 70-21059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11812 4

1. NAME OF DECEASED (Type or Print) Baby Girl Chrisie Lee Ann Freeburger

2. DATE AND HOUR OF DEATH 12-1-70 2:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 43 S.B.G.H.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY — 2505

C. CITY OR TOWN Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 1503 Poplar St.

5. SEX F 6. RACE W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 11-30-70 9. AGE (In years last birthday) — If Under 1 Yr. Months — Days 1 Hours 2 If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George E Freeburger

14. MOTHER'S MAIDEN NAME Elsie Lee Crowe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) —

(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Reed's - McCully Funeral Home

ADDRESS

MEDICAL CERTIFICATION

18. 776.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Hyaline Membrane disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 hr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Prematurity —

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-30 19 70 to 12-1 19 70 that (I) (we) last saw the deceased alive on 12-1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Eleanor L Noon MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED 12-4-70

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

DEGREE

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 12-5-70

24C. NAME of CEMETERY or CREMATORY Cedar Hill Cemetery

24D. LOCATION (City, town, or county) Balto. (State) Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 7 1970

25B. NAME OF REGISTRAR Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR McCully 237 Patapsco Ave. 21225

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-421 70 11813

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

Registered No. 70 11813

1. NAME OF DECEASED (Type or Print): Lena Gertrude Blackburne

2. DATE AND HOUR OF DEATH: Dec. 5, 1970 | 2:40 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN (If outside city limits, write RURAL and give township): ~~Rural~~ CATONSVILLE

D. STREET ADDRESS (If rural, give location): 328 Greenlow Rd.

5. SEX: Female

6. RACE: White

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): single

8. DATE OF BIRTH: May 24, 1894

9. AGE (In years last birthday): 76

If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Clerk (Retired)

10B. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): ~~XXXXXXXXX~~ Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ~~XXXXXXX~~ EMMET Clarence Blackburne

14. MOTHER'S MAIDEN NAME: ~~XXXXX~~ Frances E. Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-3404

17. INFORMANT: Mrs. Isabel B. Kelly

ADDRESS: 714 Charing Cross Rd. Baltimore, Md.

MEDICAL CERTIFICATION

1B. 5699 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Renal failure

DUE TO

(B) Peritonitis + sepsis

DUE TO

(C) Gangrene of bowel + pancreatitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atrial fibrillation

19A. DATE OF OPERATION: 12-4-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Gangrene of bowel

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec. 2 1970 to Dec. 5 1970, that (I) (we) last saw the deceased alive on Dec. 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Lowe M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/5/70

23C. PHYSICIAN'S NAME (Type): JOSEPH LOWE M.D.

23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-8-1970

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Jadey M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard

ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-320 70 11814

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11814

1. NAME OF DECEASED (Type or Print): WALTER M. GODSEY

2. DATE AND HOUR OF DEATH: December 4, 1970. | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1540 Kennewick Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 902

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1540 Kennewick Road

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Mar. 16, 1900.

9. AGE (In years last birthday): 70

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Supt. Construction

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Godsey

14. MOTHER'S MAIDEN NAME: Lavinia Owens

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W W 1

16. SOCIAL SECURITY NO.: 221-09-2560

17. INFORMANT: Mrs. Marie Godsey

ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4124

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio-Vascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 19 70 to Dec 4 19 70 that (I) (~~we~~) last saw the deceased alive on Nov 9 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William H. Fusting M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12-5-70

23C. PHYSICIAN'S NAME (Type): William H. Fusting M.D. DEGREE

23D. ADDRESS: 4230 Loch RAVEN Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70.

24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: C. E. Talley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.

ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

57-99-65 c3k

M-420

BIRTH NO. 70 11815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11815

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Elwood A. Miles

2. DATE AND HOUR OF DEATH: Dec. 1, 1970 3:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 101 Cherry Lane 21222 005

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-22-17
9. AGE (In years last birthday): 53
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Miles
14. MOTHER'S MAIDEN NAME: Cora Blandau

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-5100
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	ACUTE RENAL FAILURE	2 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	SEPTICEMIA	2 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	GI BLEEDING	1 week

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASTHMA — 17 yrs

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/18 1970 to 12/1 1970 that (I) (we) last saw the deceased alive on 3 PM 12/1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert L. Stevenson Jr. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): Robert L. Stevenson Jr. M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Cem
24D. LOCATION (City, town, or county) (State): Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Elroy O. Nelson
ADDRESS: [illegible]

VS 150-REV. 1/1/68

70 11816

D-542
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11816

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DANIELS, Irwin

2. DATE AND HOUR OF DEATH: 11-30-70 4:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1927 East Fayette Street

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-14-83
9. AGE (In years last birthday): 83
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Labor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 218-10-1658
17. INFORMANT: Admission Record
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CA / pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(B) arteriosclerotic CV disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/5/70 19 to 11/30 19 70, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 12/1/70
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Bal Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-70
24C. NAME of CEMETERY or CREMATORY: Mt Oak Cem
24D. LOCATION (City, town, or county) (State): Baltimore County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: Elroy O. Nelson
ADDRESS: Balt.

VS 150-REV. 1/1/68

W-422 70 11817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11817

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILKES, Edgar W

2. DATE AND HOUR OF DEATH: 11/30/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1601

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 604 N Arlington Ave

5. SEX: Male 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/2/27 9. AGE (In years last birthday): 43 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Clerk 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roger Wilkes 14. MOTHER'S MAIDEN NAME: Mabel Herbert

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 4/18/46 - 2/3/47 16. SOCIAL SECURITY NO.: 215-22-3748

17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma of liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cirhosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 23rd 19 70 to November 30th 19 70 that (I) (we) last saw the deceased alive on November 30th 19 70 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Cornelius DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 12/1/70

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-5-70 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem 24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: E. O. Wilson ADDRESS: 1000 Brantly St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-000 70 11818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11818

1. NAME OF DECEASED (Type or Print): GEORGE SHAW

2. DATE AND HOUR OF DEATH: 12-1-70 | 2:25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1506
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2927 West North Ave 21216

5. SEX: M. 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 2-18-1915 9. AGE (In years last birthday): 55 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): VA. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 229-10-9292 17. INFORMANT: Bolton Hill NH 1400 John St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162.1

(A) IMMEDIATE CAUSE: Pulmonary Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Gen Metastasis

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-23 1970 to 12-1-70 19..., that (I) (we) last saw the deceased alive on 11-28-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theo. T. Nizuek MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 12-2-70

23C. PHYSICIAN'S NAME (Type): T. T. NIZNIK MD DEGREE 23D. ADDRESS: 429 S Chester St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12-5-70 24C. NAME of CEMETERY or CREMATORY: MT AUBURN 24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: E.O. Wilson ADDRESS: 1000 Brantley Ave

VS 150-REV. 1/1/68

N-262 70 11819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11819

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Willie L. Newkirk

2. DATE AND HOUR OF DEATH: 12-2-70 | 11 25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: 1607

C. CITY OR TOWN: Balto, Md D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3310 Brighton, St 21216

5. SEX: M 6. RACE: N 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-27-17 9. AGE (In years last birthday): 53 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur 10B. KIND OF BUSINESS OR INDUSTRY: Taxi Cab

11. BIRTHPLACE (State or foreign country): North Carolina 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Nowkirk 14. MOTHER'S MAIDEN NAME: Vandella

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-2074 17. INFORMANT: Chart ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ~~Cerebral Hemorrhage~~

DUE TO, OR AS A CONSEQUENCE OF:

(B) ~~Multiple scalp contusion~~

DUE TO, OR AS A CONSEQUENCE OF:

(C) Subdural Hemorrhage

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: AND BRAIN CONTUSIONS

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Ruptured Saccular Aneurysm with Subarachnoid Hemorrhage

CERTIFICATION APPROVED BY: Chief or Asst. Medical Examiner

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3310 Brighton St. 1607

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-2-70 (?)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]

21F. HOW DID INJURY OCCUR? Fell At Home 11 PM

22. I certify that (I) (this hospital) attended the deceased from 12-2-70 19 to 12-2-70 19, that (I) (we) last saw the deceased alive on 12-2-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 12-2-70

23C. PHYSICIAN'S NAME (Type): Nassir Saghafi, M.D. DEGREE 23D. ADDRESS: Lutheran Hosp. of Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/7/70 24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk 24D. LOCATION (City, town, or county) (State): Balto Md 21227

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. Fahey, M.D. 25C. FUNERAL DIRECTOR: Martin Lee McLaughlin ADDRESS: 638 Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4/22/71 - Received too late to be counted in 1970.

D-620 70 11820

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11820

1. NAME OF DECEASED (Type or Print): Myrtle C. Dorsey

2. DATE AND HOUR OF DEATH: 12-4-70 | 4:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1547
C. CITY OR TOWN: BALTIMORE,
D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 3016 WINDSOR AVE.

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 04/05/97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Balto MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BEVANS - wm
14. MOTHER'S MAIDEN NAME: CAMILLA TODD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214 18 0107
17. INFORMANT: Irma Davis 3016 Windsor Ave

MEDICAL CERTIFICATION

18. 45819

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Necrotizing Pneumonia — 4 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Aspiration — 14 days
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/19/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Vascular Insufficiency
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): John Hopkins Hosp.
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): UNK.
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? Aspiration of gastric contents

22. I certify that (I) (this hospital) attended the deceased from 28 Nov. 19 70 to 4 December 19 70 that (I) (we) last saw the deceased alive on 4 December 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen T. Miller MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 4 Dec. 1970
23C. PHYSICIAN'S NAME (Type): Stephen T. Miller MD DEGREE
23D. ADDRESS: Johns Hopkins Hospital Baltimore Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/6/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk
24D. LOCATION (City, town, or county) (State): Balto MD 21227

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Marburg & Hayes
ADDRESS: 638 N. Gilmor St

VS 150-REV. 1/1/68

THE BODY OF ● MAY BE RELEASED UPON APPROVAL BY THE FUNERAL DIRECTOR. IMPORTANT: THIS CERTIFICATE MUST BE ● ON HAND WHEN THE BODY IS DELIVERED TO THE CEMETERY OR CREMATORY.

This certificate must be approved by the chief medical examiner or his assistant, if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-36-4
djs

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-560 70 11821

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11821

1. NAME OF DECEASED (Type or Print): Willie M. Gainer

2. DATE AND HOUR OF DEATH: 12/4/70 | 6:48 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (X)

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1509

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4017 Norfolk Avenue 21216

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-10-27

9. AGE (In years last birthday): 43

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: WHOLESALE SPORT GOODS

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lehman GAINER

14. MOTHER'S MAIDEN NAME: Hattie MOORE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): 405

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: BCH: Records

ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Uremia — ~2 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) Malignant Hypertension — ~6 months

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2/

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 12/1 19 70 to 12/4 19 70 that (I) (~~we~~) last saw the deceased alive on 12/4 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jack D McCue MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/4/70

23C. PHYSICIAN'S NAME (Type): Jack Mc Cue M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/6/70

24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PK

24D. LOCATION (City, town, or county) (State): Baltimo MD 21227

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.

25C. FUNERAL DIRECTOR: Marshall P Harper

ADDRESS: 658 N. Gilmor St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-000 70 11822 JENNINGS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11822

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DAY PAUL J (FATHER)

2. DATE AND HOUR OF DEATH: 12 05 70 | 9:55AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2841
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4000 FOREST HILL ROAD 21207

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/13/09
9. AGE (In years last birthday): 61 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RELIGIOUS (PRIEST)
10B. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (State or foreign country): FLORIDA
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: THOMAS DAY (THOMAS JENNINGS DAY)
14. MOTHER'S MAIDEN NAME: CORALEE GRIFFIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 264-80-8079
17. INFORMANT: ST AGNES HOSPITAL BALTIMORE MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 577.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Hemorrhagic Pancreatitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 6
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from 12/05/70 19 to 12/05/70 19 that (X) (we) last saw the deceased alive on 12/05/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) (X) view the body after death.

23A. SIGNATURE: Ching Hui Tsai, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12 06 70
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: St Agnes Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Dec.9,70
24C. NAME of CEMETERY or CREMATORY: St. Joseph's Cemetery
24D. LOCATION (City, town, or county) (State): Emmitsburg, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. 108 W. North Av. City ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-200 70 11823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11823

1. NAME OF DECEASED (Type or Print): LAVINIA J. BIAS

2. DATE AND HOUR OF DEATH: December 1, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1210 N. Stricker Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1210 N. Stricker Street

5. SEX: Female
6. RACE: Negro
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-28-1874
9. AGE (In years last birthday): 96
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. Family
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Jones
14. MOTHER'S MAIDEN NAME: Harriett Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Samuel Bias, Mrs. Susie Williams
ADDRESS: 1210 N. Stricker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic C-Vascular-Renal Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cerebrovascular Accident - Hemiplegia — 1 day
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Simon H. Carter, MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 3 Dec 70
23C. PHYSICIAN'S NAME (Type): SIMON CARTER JR. M. D. DEGREE
23D. ADDRESS: 4215 Park Heights Avenue

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-1970
24C. NAME of CEMETERY or CREMATORY: Hopkins Chapel Cemetery
24D. LOCATION (City, town, or county): Highland (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Lasher, M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

BIRTH NO. B-300 70 11824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11824

1. NAME OF DECEASED (Type or Print): CHARLES G. BOYD

2. DATE AND HOUR OF DEATH: 12/2/70 7.45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1547
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2304 N. Rosedale St.

5. SEX: Male 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 6-3-89 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): custodian 10B. KIND OF BUSINESS OR INDUSTRY: Public School 11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Major Boyd 14. MOTHER'S MAIDEN NAME: Fannie Todd

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-0808

17. INFORMANT: Mr. David G. Boyd ADDRESS: 2304 Rosedale St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 18. 569.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CACHEXIA AND AZOTEMIA
DUE TO, OR AS A CONSEQUENCE OF: GASTRO INTESTINAL BLEEDING

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11/27/1970 to 12/2/1970, that (I) (we) last saw the deceased alive on 12/2/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: S. Basu DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type): S. BASU DEGREE 23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-5-1970 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11835

BIRTH NO. H-323 70 11835

1. NAME OF DECEASED (Type or Print): BERTHA H. HATCHETT

2. DATE AND HOUR OF DEATH: November 28, 1970 | 11 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4009 Liberty Heights Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2026 Druid Hill Avenue

5. SEX: Female
6. RACE: Negro
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-20-1881
9. AGE (In years last birthday): 89 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Hughes
14. MOTHER'S MAIDEN NAME: Martha A. ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-34-3465D
17. INFORMANT: Mrs. Louise B. Brinkley ADDRESS: 2513 W. Oxford St. Phila., Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC CORDIO-
DUE TO, OR AS A CONSEQUENCE OF:
(B) VASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(C) FRACTURE LEFT SHOULDER

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ] [X]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1023 Poplar Grove Street
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Nov. 20, 1970
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Fall From Bed

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__, that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (Was) (did) (did not) view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Dec 2-1970.
23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M. D. DEGREE
23D. ADDRESS: 3502 W. Rogers Avenue Baltimore 15

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-600 70 11826

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11826

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mack Sawyer

2. DATE AND HOUR OF DEATH: 12-1-70 7.25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore 1506
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1816 Braddish Ave.

5. SEX: Male
6. RACE: Negro
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-5-97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waiter
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore Country Club
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Sawyer
14. MOTHER'S MAIDEN NAME: Maggie ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 261-07-5804
17. INFORMANT: Mrs. Mary G. Sawyer
ADDRESS: 1816 Braddish Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

(A) IMMEDIATE CAUSE: Ac. Myocardial Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary Infarction.
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-1-1970 to 12-1-1970, that (I) (we) last saw the deceased alive on 12-1-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12-1-70
23C. PHYSICIAN'S NAME (Type): Dr. Y. Babkrao MD DEGREE
23D. ADDRESS: Lutheran Hospital, Balto-16, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county): Baltimore Co. (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, MD
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

C-200 70 11837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11837

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lula Jane Roselle Cox

2. DATE AND HOUR OF DEATH: 12-5-70 3:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1301
C. CITY OR TOWN: Baltimore 2nd
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 727 Druid Park Lake

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH: 11-26-91
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. Family
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B. Rosell
14. MOTHER'S MAIDEN NAME: Matilda Upshur

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-6046
17. INFORMANT: Mrs. Bessie Nickens 3600 Springdale A
Mrs. Cecelia Taylor 3107 Granada Ave.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pul. Oedema.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Peritonitis.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-30 1970 to 12-5 1970, that (I) (we) last saw the deceased alive on 12-5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): DR. Y. BASKAR MD DEGREE
23D. ADDRESS: LUTHERAN HOSPITAL; BALTO-16-MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-1970
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME 3035 W. NORTH AV
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-653

70 11838

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11838

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George A. Thornton

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 3 Year 70 Hour 5:35 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1030 W. Fayette St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1802
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1030 W. Fayette St.

6. SEX: male
7. RACE: colored
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: June 30, 1899
10. AGE (In years last birthday): 71
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Essex Co. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Thornton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Mary ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No WW I
17. SOCIAL SECURITY NO.
18. INFORMANT: Hilda Thornton ADDRESS: 1030 W. Fayette St

MEDICAL CERTIFICATION

I. 4124

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 8/70
24C. NAME of CEMETERY or CREMATORY: Western Star
24D. LOCATION (City, town, or county) (State): Catonsville Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3199 W. Lafayette St

VS 151-REV. 1/1/68

1

70 11823

R-240

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11823

1. NAME OF DECEASED (Type or Print): Talbott Russell

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 4 Year 70 Hour 10:00 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 556 W. Mosher St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 402
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 556 W. Mosher St.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: Dec. 23 1893
10. AGE (In years last birthday): 76
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Chestertown Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Johns

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Lucy Russell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes W.W. I
17. SOCIAL SECURITY NO.: 215-05-7610
18. INFORMANT: Alvenia Jones ADDRESS: 556 Mosher St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
412.4
(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/1970
24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 319 N. Schroeder St.

VS 151-REV. 1/1/68

E. 231 1

70 11830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11830

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTABROOK, GAYLORD BEALE, Ph.D. ~~EASTABROOK GAYLORD BEALE~~

2. DATE AND HOUR OF DEATH: Dec. 4th 1970. 10.25 A.M.

CERTIFICATE AMENDED 12-7-70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: THE UNION MEMORIAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: ~~UNIVERSITY 1.~~ 1 East University Pkwy. Apt. #901

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10.9.99.
9. AGE (In years last birthday): 71.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physicist
10B. KIND OF BUSINESS OR INDUSTRY: Professor, U. of M.
11. BIRTHPLACE (State or foreign country): Logansport, Indiana
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: EDWARD J. ~~EASTABROOK~~ Estabrook
14. MOTHER'S MAIDEN NAME: KATHERINE BEALE.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-36-6888
17. INFORMANT: ~~MRS. MARILYN EASTABROOK~~ Marylyn Way Estabrook
ADDRESS: Same.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 399.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respirat Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Gm-ve Sepsis c̄ Bact. Shock
DUE TO, OR AS A CONSEQUENCE OF:
(C) UTI + RLL Pneumonia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec. 23. 19 70 to Dec. 4th 19 70, that (I) (we) last saw the deceased alive on Dec. 4th 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mahmood Khan MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: XII.4.70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): 12-7-70
24B. DATE
24C. NAME of CEMETERY or CREMATORY: ANATOMY BOARD OF MARYLAND
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. UNDERTAKER: UNIVERSITY MEDICAL SCHOOL MORTUARY SERVICE
ADDRESS: BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Record from Union Memorial Hospital
12-7-70 M.H.

BIRTH NO. U-250 70 11831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11831

1. NAME OF DECEASED (Type or Print): John H. Vaughn

2. DATE AND HOUR OF DEATH: Dec 6, 1970 | 420 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Hunge Washington Mundy St.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Md. B. COUNTY: 906

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1715 E. 30th. Street

5. SEX: Male 6. RACE: Non-White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: Sept. 24, 1883 9. AGE (In years last birthday): 87 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newbury S.C. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mark Vaughn 14. MOTHER'S MAIDEN NAME: Emma Clark

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 248-46-8894

17. INFORMANT: Chart ADDRESS: 607 Penna. Ave.

MEDICAL CERTIFICATION

18. 412.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Chronic Nephrosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiac Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1-20- 1970 to 12-6 1970 that (I) (we) last saw the deceased alive on 12-5- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, M.D. DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12-6-70

23C. PHYSICIAN'S NAME (Type): Dr. RichardTyson M.D. DEGREE

23D. ADDRESS: 936 W. North Ave. Balto. Md. 217

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 12-10-70

24C. NAME of CEMETERY or CREMATORY: Port Auburn

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C.655

K-216

BIRTH NO. 70 11832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11832

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Sister M. Carmen KASPAR SSND

2. DATE AND HOUR OF DEATH: 5 Dec 1970 3:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 901 Aisquith St.

5. SEX: F
6. RACE: W
MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/19/1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sewing, receptionist
10B. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS ORDER.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Kaspar
14. MOTHER'S MAIDEN NAME: Anna Balot

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-54-5754
17. INFORMANT: Sister M. Caroleen — ADDRESS: 901 Aisquith St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Brain tumor — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on 12/5 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert J. Wilensky MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 5 Dec 70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: MERCY HOSPITAL.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: SISTERS CEMETERY
24D. LOCATION (City, town, or county) (State): GLEN ARM, BALT. CO. MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Tabry, M.D.
26C. FUNERAL DIRECTOR: RAYMOND J. CURRAN — ADDRESS: 812 Scarlett Pl. Towson, MD. 21204

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11833 REG. NO. 70 11833

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): SHELTON BUTLER ~~SHELDON BUTLER~~

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 1,1970 Hour 1:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GENERAL HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 1401

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 3/7/36

10. AGE (In years last birthday): 36 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1411 Eutaw Place

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ernest Butler

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lessie Autry

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 245-02-3970

18. INFORMANT: Mrs Lessie Butler, ADDRESS

MEDICAL CERTIFICATION

19. E8147

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple Traumatic Injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): North and Bolton Street 1401

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-29-70 025 A. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Pedestrian struck by car

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70

24C. NAME of CEMETERY or CREMATORY: Mt Pleasant Cemetry

24D. LOCATION (City, town, or county) (State): Clinton, North Carolina

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Av

VS 151-REV. 1/1/68

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5-4-1972 - Letter - Office of the Chief Medical Examiner, Ronald N. Kornblum, M.D.
Assistant Medical Examiner HRS

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70 11834

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11834

1. NAME OF DECEASED (Type or Print): RUTH M. CHEW

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 30 Year 1970 Hour 6:55 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1045 W. Lexington St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1802

6. SEX: female
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 48
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1045 W. Lexington St.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Margaret Kimble, Same ADDRESS

MEDICAL CERTIFICATION

19. 412.2

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Hypertensive & arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12-1-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/6/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry
24D. LOCATION (City, town, or county) (State): A A County M

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Falbey M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead, ADDRESS 1206 W North Ave

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11835 REG. NO. 70 11835

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLES STANLEY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 20 Year 1970 Hour 5:30 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2102
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 932 Washington Blvd.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 56
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Surry N Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ????
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Molly
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 246-16-6034
18. INFORMANT: Mrs Mary Stanley ADDRESS: PO Box 368Md

MEDICAL CERTIFICATION

19. 4124 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry
24D. LOCATION (City, town, or county) (State): A A County MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

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70 11836

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11836

1. NAME OF DECEASED (Type or Print): LORRAINE HOWARD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 16 Year 1970 Hour 1:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2005 Mc Culloh St.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1403
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2005 Mc Culloh St.

6. SEX: female
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH
10. AGE (In years last birthday): 45
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr Leo Mack, same
ADDRESS

MEDICAL CERTIFICATION

19. 34519 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Epilepsy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-17-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: MT Calvary Cemetry
24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

70 11837

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11837

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sylvester Jackson

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month 11 Day 27 Year 70 Hour 6:35 a.m.

3. DATE PRONOUNCED DEAD — Month 11 Day 27 Year 70 Hour 6:35 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1421 Ashland Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md/ — B. COUNTY: 1002

6. SEX: male

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 4/5/23

10. AGE (In years last birthday): 47 — If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1421 Ashland Avenue

11. BIRTHPLACE (State or foreign country): Darlington Counry S C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ocie Jackson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Addie Gibson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mrs Thelma Jackson, S C arolina — ADDRESS:

MEDICAL CERTIFICATION

19. 485 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Acute bronchopneumonia

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D. — M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [XX]

DATE SIGNED: 11/27/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70

24C. NAME of CEMETERY or CREMATORY: MT Calvary Cemetry

24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 Robert E. Jackson M.D.

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: Adolphus Halstead — ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11838 REG. NO. 70 11838

1. NAME OF DECEASED (Type or Print): ANNA KOCON

2. DATE AND HOUR OF DEATH: DECEMBER 5 / 70 | 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 201
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 237 S. WASHINGTON STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] DIVORCED [ ]
8. DATE OF BIRTH: 6-6-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DRODZ
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-9147
17. INFORMANT: EDWARD KOCON 1220 BURKE AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 574.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO RESP ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) SEPTICEMIA, ACUTE RENAL FAILURE LONG, HEART FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(C) COMMON DUCT STONE + PANCREATITIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NONE
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NO
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NO
21E. INJURY OCCURRED: NO While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? NO

22. I certify that (I) (~~this hospital~~) attended the deceased from 12-4 1970 to 12-5 1970, that (I) (~~we~~) last saw the deceased alive on 12-5 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Steven E Rubin DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): STEVEN E RUBIN DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county) (State): DUNDALK MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: JOHN M WEBER & SONS INC ADDRESS: 401 S. CHESTER ST

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V 5321

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11839 REG. NO. 70 11839

1. NAME OF DECEASED (Type or Print): JOSEPH VANDICK
2. DATE AND HOUR OF DEATH: 12-4-1970 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2105 ESSEX ST.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 0104
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2105 ESSEX ST.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-19-1891
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: ESSKAY MEAT CO.
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 4-25-18 to 4-16-19
16. SOCIAL SECURITY NO.:
17. INFORMANT: HELEN VANDICK ADDRESS: 2105 ESSEX ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Pulmonary Edema — 2 HRS
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive CVD — 10 +
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Gen ASCVD — 10 +

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1968 19 to 10-17-70 19, that (I) (we) last saw the deceased alive on 10-17-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Wenik M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-7-70
23C. PHYSICIAN'S NAME (Type): Theo. T. WENIK DEGREE
23D. ADDRESS: 429 S Chester St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county): DUNDALK (State): MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: JOHN M WEBER & SONS INC ADDRESS: 401 S CHESTER ST.

VS 150-REV. 1/1/68

C 653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11840 Registered No. 70 11840

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): JULIUS L. CRANDLE

2. DATE AND HOUR OF DEATH: 12/6/70 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 2880 W. Baltimore Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2002
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2880 W. Baltimore Street

5. SEX: Male
6. RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Separated
8. DATE OF BIRTH: 9-16-27
9. AGE (In years last birthday): 43
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Smith Crandle
14. MOTHER'S MAIDEN NAME: Geneva Baker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Geneva Crandle
ADDRESS: 2880 W. Balto St.

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Bronchogenic carcinoma
DUE TO
(B) left lung with metastasis to left
DUE TO
(C) scalene node

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 9/14/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Biopsy left scalene node
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/9/70 19 to 11-23-70 19, that (I) (we) last saw the deceased alive on 11-23-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jose M. Hipolito M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 7 Dec 70
23C. PHYSICIAN'S NAME (Type): JOSE M. HIPOLITO M.D.
23D. ADDRESS: Bon Secours Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Ayden, N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Wm C March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C4621

RELEASED AS NON-MED BY M.E. OFFICE 12/4/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11841 REG. NO. 70 11841

1. NAME OF DECEASED (Type or Print): CLARK, Annie
2. DATE AND HOUR OF DEATH: 12/4/70 1:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 802
C. CITY OR TOWN: BALTIMORE, D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2036 E. NORTH AVE.

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 04/13/02
9. AGE (In years last birthday): 68 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: RHUFUS BARNETT
14. MOTHER'S MAIDEN NAME: MARTHA DAWSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Cleveland Clark — ADDRESS: 1517 N. Bradford St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4/12.4 + 250.9

(A) IMMEDIATE CAUSE: Coronary insufficiency

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on NOVEMBER 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bruce A. Reitz M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-4-70
23C. PHYSICIAN'S NAME (Type): DR. BRUCE A. REITZ M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Wm C March — ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

1

R220

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11848 70-18348 REG. NO. 70 11842

1. NAME OF DECEASED (Type or Print): Tremont Raikes

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 24 Year 70 Hour 8:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1512
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 3930 Park Heights Ave.

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Oct. 17, 1908
10. AGE (In years last birthday): If Under 1 Yr. If Under 24 Hrs. Months: 1 Days: Hours: Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Roger Johnson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Savannah Raikes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Savannah Raikes ADDRESS: 3930 Park Heights Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

795

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden Death in Infancy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Bilateral purulent otitis media

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 11/24/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Westport Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Kerwin ADDRESS: 2222 W. North Ave.

VS 151-REV. 1/1/68

10-17-70

R 2621

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11843 REG. NO. 70 11843

1. NAME OF DECEASED (Type or Print): Margaret Rogers

2. DATE AND HOUR OF DEATH: Nov-25-1970 2:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1607
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1501 Dukeland Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-14-30
9. AGE (In years last birthday): 50
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Rogers, Sr.
14. MOTHER'S MAIDEN NAME: Evelyn Harris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edward Rogers, Sr. ADDRESS: 1525 McKean Ave.

MEDICAL CERTIFICATION

18. 486X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: pulmonary aspiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) pneumonia
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov-20 1970 to Nov-25 1970 that (I) (we) last saw the deceased alive on Nov-25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Myung Duck Ro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov-25-1970
23C. PHYSICIAN'S NAME (Type): Myung Duck Ro DEGREE
23D. ADDRESS: Lutheran Hosp. 1730 Ashburton St 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/70
24C. NAME of CEMETERY or CREMATORY: Mt. Centura Cemetery
24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Fabian M.D.
25C. FUNERAL DIRECTOR: Joseph L. Russ ADDRESS: 2222 N. Monroe

VS 150-REV. 1/1/68

T5121

J.250

70 11844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11844

BIRTH NO. AKA-R. Elizabeth J. Thompson

1. NAME OF DECEASED (Type or Print): Thompson Jackson, Rachel Elizabeth

2. DATE AND HOUR OF DEATH: 11-29-70 6 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 1204

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1914 Barclay St.

5. SEX: F

6. RACE: N

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 07-16-16

9. AGE (In years last birthday): 54

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horticulture

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Charles H. Gardner (D)

14. MOTHER'S MAIDEN NAME: Josephine Z Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-16-8868

17. INFORMANT: Tony Thompson ADDRESS: 1914 Barclay St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

43191

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cerebral bleeding — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1-3 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) uncertain

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Cardio-Vascular insuff — 1 d.

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-29-70 19__ to 11-29 19 70 that (I) (we) last saw the deceased alive on 11-29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles Fazekas MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11-29-70

23C. PHYSICIAN'S NAME (Type): FAZEKAS DEGREE

23D. ADDRESS: U. M. H.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/03/70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Joseph L. Rucci ADDRESS: 2222 W. Mount Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2525 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11845 REG. NO. 70 11845

1. NAME OF DECEASED (Type or Print): JOHNSON, Norman

2. DATE AND HOUR OF DEATH: 11-29-70 3:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1605
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 711 Wilbern Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-19-01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roper, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Freeman Johnson
14. MOTHER'S MAIDEN NAME: Caroline

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 7/19/18 - 2/26/19
16. SOCIAL SECURITY NO.: 217-16-38-36
17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Blvd., Balto., Md 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 203.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Urinary tract infection

DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute myelogtic leukemia — months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from November 28, 19 70 to November 29, 19 70 that XX (we) last saw the deceased alive on November 29, 19 70 and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. (X (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jaime F. Coelho DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/3/70
24C. NAME of CEMETERY or CREMATORY: Arlington Mem. Park
24D. LOCATION (City, town, or county): Arlington (State): Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Rives ADDRESS: 2252 W. Franklin

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P413 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11846

BIRTH NO. 70 11846

1. NAME OF DECEASED (Type or Print): Philpot, George Freddie

2. DATE AND HOUR OF DEATH: 12/3/70 | 1:03 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: New Jersey

B. COUNTY: V 27

C. CITY OR TOWN: Newark

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 64 Homestead Park

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-6-30

9. AGE (In years last birthday): 40

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Live Oak, Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS Philpot

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): Korean War

16. SOCIAL SECURITY NO.: 210-54-9836

17. INFORMANT: Mrs. Rose Philpot

ADDRESS: 64 Homestead Pk. Newark N.J.

CAUSE OF DEATH

1B. 432.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Basilar Artery Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11-17-70 / 12/3/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) Tracheostomy Tube Erosion of Innominate Artery

DUE TO, OR AS A CONSEQUENCE OF:

(C) Bilateral Pneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): ~~Yes~~ NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-17-70 19 to 12-3-70 19, that (I) (we) last saw the deceased alive on 12-3-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Randolph O. George, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12/3/70.

23C. PHYSICIAN'S NAME (Type): RANDOLPH O. GEORGE M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-8-70

24C. NAME of CEMETERY or CREMATORY: Glendale Cemetery

24D. LOCATION (City, town, or county): Bloomfield (State): New Jersey

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Joseph - Russ

ADDRESS: 2222 W North Ave Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S.436

70 11847

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11847

BIRTH NO. S-436

1. NAME OF DECEASED (Type or Print): John George Slater or Schlatter Sr

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 4 Year 70 Hour 9:30 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2316 E. Fayette St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 603
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2316 E. Fayette St.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Oct 10, 1920
10. AGE (In years last birthday): 50
If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Schlatter

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
14B. KIND OF BUSINESS OR INDUSTRY: National Can Co.
15. MOTHER'S MAIDEN NAME: Anna Vanker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): World War II
17. SOCIAL SECURITY NO. 220 09 4397
18. INFORMANT: Angelina Chavis ADDRESS: 19 N ~~Broadway~~ Broadway

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E 966 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Multiple stab wounds and blunt impact of head
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2316 E. Fayette St. 603
22D. TIME OF INJURY (APPROX.) (Month) 12 (Day) 4 (Year) 70 (Hour) 9:00 a.m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? stabbed during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: Dec 8 1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematory
24D. LOCATION (City, town, or county) (State): Frederick Road Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: THE DIPPEL BROS INC
ADDRESS: 1800 E LOMBARD ST

VS 151-REV. 1/T/68

N 907.8

B-624

BIRTH NO. 70 11848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11848

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BURKHOLDER, Milo

2. DATE AND HOUR OF DEATH: 12-3-70 5:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1803
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1031 W. Baltimore, Street

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-7-16
9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nappanee, Ind.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Jonas Burkholder
14. MOTHER'S MAIDEN NAME: Amanda Smucker
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
If yes, give war or dates of service: 3-19-48 to 3-18-52
16. SOCIAL SECURITY NO.: 289-16-86-44
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cirrhosis — Unknown
DUE TO, OR AS A CONSEQUENCE OF:
(C) Status Post Porto Caval Shunt — 1 Week

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Moniliasis of Mouth — 6 Months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 11, 19 70 to December 3, 19 70 that I (we) last saw the deceased alive on December 3, 19 70 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jaime F. Casellas M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): JAIME F. CASELLAS MD DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Removal-Burial
24B. DATE: 12-8-70
24C. NAME of CEMETERY or CREMATORY: Hess
24D. LOCATION (City, town, or county) (State): Goshen Indiana

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 [illegible]
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co., Balto., Md.
ADDRESS

VS 150-REV. 1/1/68

1

D-230 70 11849

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11849

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ralph W. Dwight

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month / Day / Year / Hour M.

3. DATE PRONOUNCED DEAD — Month: 12 Day: 3 Year: 70 Hour: 4:30 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1317 N. Charles St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1317 N. Charles St.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/4/1916
10. AGE (In years last birthday): 54
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Chattanooga, Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ralph W. Dwight, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
14B. KIND OF BUSINESS OR INDUSTRY: Mechanical
15. MOTHER'S MAIDEN NAME: Sarah Blair

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Wann Funeral Home, ADDRESS: Chattanooga, Tenn. 4000 Tennessee Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gastro-intestinal bleeding
DUE TO, OR AS A CONSEQUENCE OF:

(B) chronic alcoholism
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Rem. Burial
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: Chattanooga Mem. Park
24D. LOCATION (City, town, or county) (State): Red Bank, Tennessee

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Fabey, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 151-REV. 1/1/68

BIRTH NO. J-525 70 11850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11850

M.E. CASE NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): August W. Jenkins

2. DATE AND HOUR OF DEATH: Dec. 5, 1970 | 7:35 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 901
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 710 E 41st Street

5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
8. DATE OF BIRTH: 1-22-04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER-PATAPSCO
10B. KIND OF BUSINESS OR INDUSTRY: SCRAP CO.
11. BIRTHPLACE (State or foreign country): BALTIMORE, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-01-3973
17. INFORMANT: Miss LELA MAGNESS
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mucus Obstruction of Trachea & Bronchus
DUE TO
Emphysema and Rt lung atelectasis
(B)
DUE TO
(C) Resection of Carcinoma of Oesophagus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12/3/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of Oesophagus
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 24 1970 to Dec. 5 1970, that (I) (we) last saw the deceased alive on Dec 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Lowe M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Dec. 5, 1970
23C. PHYSICIAN'S NAME (Type): JOSEPH LOWE M.D.
23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-8-1970
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Hwy. A.A.Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/65

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 11851

BIRTH NO. M-600 70 11851

1. NAME OF DECEASED (Type or Print): MARY LILLIAN MOORE

2. DATE AND HOUR OF DEATH: 1:45 PM 12/4/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Conv. Ctr. 140 W. Lafayette Ave. Baltimore, Md. 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Pasadena, Md. (Rt 10, Box 57E)
C. CITY OR TOWN: Pasadena
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt. 10, Box 57E 5200

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 28, 1900
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Bindery; then
10B. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Moore
14. MOTHER'S MAIDEN NAME: Laura Evers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214 26 5550
17. INFORMANT: Bolton Hill Nursing Center ADDRESS: 140 W. Lafayette Ave., Balto Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 486X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: one week

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Arteriosclerosis — Several years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1-21- 1966 to 12-4- 1970, that (I) (we) last saw the deceased alive on 12-4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 12-6-70
23C. PHYSICIAN'S NAME (Type): E. Ellsworth Cook MD DEGREE
23D. ADDRESS: 2431 Maryland Ave. Balto 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Tuckey M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 YorkRd Balto., Md. 21212

VS 150-REV. 1/1/68

42-33-74 js 1

C-245 70 11852

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 11852

1. NAME OF DECEASED (Type or Print): Beatrice R. Chisolm

2. DATE AND HOUR OF DEATH: 12/6/70 7 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hosp. - D-Building 4940 Eastern Ave., Balto. Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Balto. 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 128 Carver Drive 21222 005

5. SEX: Female 6. RACE: Negro 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/15/15 9. AGE (In years last birthday): 55 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Scott McGee 14. MOTHER'S MAIDEN NAME: Unknown (Jennie Hanns)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Avenue Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. 431.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cessation of Resp — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min

DUE TO, OR AS A CONSEQUENCE OF: Probable subarachnoid Hemorrhage + CVA

(B) Hypertension

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Lateral hemiparesis, confusion

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/3/ 1969 to 12/6/ 1970 that (I) (we) last saw the deceased alive on 12/5/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan Krumholz M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12/6/70

23C. PHYSICIAN'S NAME (Type): Allan Krumholz, M.D. DEGREE

23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224 6032 - E. Pratt St. Balt Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/10/70 24C. NAME of CEMETERY or CREMATORY: Western Star Cem. 24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970 25B. NAME OF REGISTRAR: Robert E. Tuckey, M.D. 25C. FUNERAL DIRECTOR: Morton & Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-200 70 11853

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11853

1. NAME OF DECEASED (Type or Print): (Henretta) Henrietta McCoy

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 5 Year 70 Hour 12:03 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 519 N. Calhoun St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1602
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 519 N. Calhoun St.

6. SEX: female
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5-2-1918
10. AGE (In years last birthday): 52
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Wadesboro, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unk.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Work
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mattie McCoy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Evelyn Duncan ADDRESS: 1044 Kevin Road

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Obesity

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/5/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY: Santuary Meth. Ch. Cem.
24D. LOCATION (City, town, or county) (State): Lilesville, North Carolina

25A. DATE REC'D BY HEALTH DEPT: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

1

M-232 70 11854

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11854 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Herbert McDougal

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 5 Year 70 Hour 3:45 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2518 Brookfield Ave.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1301
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 2518 Brookfield Ave.

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 8-7-1916
10. AGE (In years last birthday): 54 6
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ella Fairley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): 1943 - 44
17. SOCIAL SECURITY NO.: 239-24-3893
18. INFORMANT: Winston Fairley ADDRESS Jessup, Md. Rte 32 - Box 75

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive spontaneous intra-cerebral hemorrhage
~~DUE TO, OR AS A CONSEQUENCE OF~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner 12/5/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/70
24C. NAME of CEMETERY or CREMATORY: Raleigh Nat. Cem.
24D. LOCATION (City, town, or county) (State): Raleigh N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Morton J. Dyett ADDRESS 1701 Laurens St.

VS 151-REV. 1/1/68

BIRTH NO. M-324 70 11855

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11855

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SHIRLEY A. MITCHELL

2. DATE AND HOUR OF DEATH: 12/4/70 Noon M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1608
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore City
D. STREET ADDRESS (If rural, give location): 1021 Wildwood Parkway

5. SEX: F
6. RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: 12-23-35
9. AGE (In years last birthday): 34
If Under 1 Yr. Months Days: If Under 24 Hrs. Hours Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): N. Carolina, Hillsboro
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Will Cherry
14. MOTHER'S MAIDEN NAME: [redacted] Delia Baldwin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 249-46-9265
17. INFORMANT: Husband of Pt. ADDRESS: S/A

MEDICAL CERTIFICATION

1B. 583X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Pulmonary ~~Hemorrhage~~ Congestion and Edema — 2 Hrs
DUE TO
(B) Rapidly Progressive Glomerulonephritis — 8 mos
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 12-3-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Renal failure
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from December 3 1970 to December 4 1970, that (I) (we) last saw the deceased alive on December 4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alva A Baker M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12-4-70
23C. PHYSICIAN'S NAME (Type) M.D.
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Jules E. Talbot M.D.
25C. FUNERAL DIRECTOR: Morton & Dyer F.H.
ADDRESS: 1701 Lanvale St.

VS 150-REV. 1/1/65

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-525 70 11856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11856

1. NAME OF DECEASED (Type or Print): JOHNSON, Thelma A.

2. DATE AND HOUR OF DEATH: December 5, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1012 Bennett Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1601
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1012 Bennett Place

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-16-1924
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Henderson
14. MOTHER'S MAIDEN NAME: Ola Wooden

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Gloria Carter
ADDRESS: 1012 Bennett Place

MEDICAL CERTIFICATION

18. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive Cardio Vascular
DUE TO, OR AS A CONSEQUENCE OF: Disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/5/60 19__ to 12/5/70 19__ that (I) (we) last saw the deceased alive on 11/28/70 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. Garner DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/5/70
23C. PHYSICIAN'S NAME (Type): WM. GARNER DEGREE
23D. ADDRESS: 1005 W. Lafayette Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: Elkridge Independent Cem.
24D. LOCATION (City, town, or county) (State): Elkridge, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: MORTON & Dyett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

1

H-252 70 11857

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11857

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edna M. Hawkins

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 5 Year 70 Hour 10:00 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1608

6. SEX: female
7. RACE: colored
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 7-31-1917
10. AGE (In years last birthday): 53
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1246 N. Agusta Ave.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Basil Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Work
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Alverta Williams

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 213-18-4810
18. INFORMANT: Mr. William H. Hawkins ADDRESS: 1246 N. Augusta Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 412.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

1

E-524 70 11858

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11858

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary L. English

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 4 Year 70 Hour 10:20 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1210 Short Court

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 501

6. SEX: female

7. RACE: colored

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11-15-1938

10. AGE (In years last birthday): 32
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1210 Short Court

11. BIRTHPLACE (State or foreign country): Charlotte, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Gussie Caldwell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 216-62-4286

18. INFORMANT: Mrs. Susie Lee ADDRESS: 635 N. Fulton Avenue

MEDICAL CERTIFICATION

19. 4122

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary emphysema

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-8-70

24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 7 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 7/1/68

1

B-520 70 11859

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11859

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): (Rev. Hezekiah Bunch) Hezekaih Bunch

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 3 Year 70 Hour 5:15 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1604

6. SEX: male

7. RACE: colored

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-25-1910

10. AGE (In years last birthday): 60

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1115 N. Appleton St.

11. BIRTHPLACE (State or foreign country): Wayne Co., North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Bunch

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutter

14B. KIND OF BUSINESS OR INDUSTRY: Comfort Mfg. Co.

15. MOTHER'S MAIDEN NAME: Nina Bunch

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

17. SOCIAL SECURITY NO. 213-20-3047

18. INFORMANT: Mrs. Esther Bunch ADDRESS: 1115 N. Appleton Street

MEDICAL CERTIFICATION

19. 4127

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: Werner U. Spitz M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/8/70

24C. NAME of CEMETERY or CREMATORY: ARTIS Cemetery

24D. LOCATION (City, town, or county) (State): Wayne County, NC

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Mortar & Dyett Funeral Home

ADDRESS: 1701 Lanvale St Balto-Md 21202

VS 151-REV. 1/1/68

W-425 20 11850

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11850

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Ronald C. Wilson

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 3 Year 70 Hour 5:55 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md. State Penitentiary Hospital

92

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1702

6. SEX: male
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 10-15-1948
10. AGE (In years last birthday): 22
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1316 Eutaw Pl.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Wilson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Beatrice Ethel Hall

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Beatrice E. Wilson ADDRESS: 1316 Eutaw Place

MEDICAL CERTIFICATION

19. E953 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hanging
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): prison
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Md. State Penitentiary 401

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12 3 70 ? p m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? hanged self

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

N 9747

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D-20d

70 11851

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11851

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FREDRICK LEE DOUSE (FRED)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 3, 1970 Hour 10:40 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 'Lord Baltimore Hotel' Balt.& Hanover Sts.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Florida
B. COUNTY: V-08
C. CITY OR TOWN: Daytona Beach,
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 605 Bera Street

6. SEX: Male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 8-31-1925

10. AGE (In years last birthday): 45
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Jacksonville, Fla.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fredrick Douse

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mildred Bennett

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Herbert Thompson - 90 - 2nd St. ADDRESS Daytona Bea Fla.

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E936 X

CAUSE OF DEATH

Incised wounds of upper extremities

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hotel

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore & Hanover Sts., "Lord Baltimore" 401

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ~~Between~~ 12-2 or ? m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Cut self with razor

23. 12-3-70
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: December 3, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-8-70

24C. NAME of CEMETERY or CREMATORY: Sunset Memorial Park

24D. LOCATION (City, town, or county) (State): Daytona Beach, Florida

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: R.S.E. Talbot, M.D.

25C. FUNERAL DIRECTOR: Herbert Thompson - 90 - 2nd St. ADDRESS Daytona Beach, Fla

VS 151-REV. 1/1/68

N884.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-636 70 11882

M.E. CASE NO.

Registered No. 341712

70 11882

1. NAME OF DECEASED (Type or Print): CARTER, MR. Thomas J.

2. DATE AND HOUR OF DEATH: 12/2/70 12 AM M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 MOH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: City 1701

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 717 Wilmer street

5. SEX: M

6. RACE: C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): M

8. DATE OF BIRTH: 3/22/08

9. AGE (In years last birthday): 62

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas J. Carter Sr.

14. MOTHER'S MAIDEN NAME: Susie Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Not given.

17. INFORMANT: Edith Carter ADDRESS: 717 Wilmer Court.

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

1B. 431.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac arrest

DUE TO

(B) CVA &/or M.I

DUE TO

(C) Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): None.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/30 1970 to 12/2 1970, that (I) (we) last saw the deceased alive on 12/1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type): MANEKWALA M.D.

23D. ADDRESS: MOH.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-5-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Mary-Elizabeth Law ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-362 70 11663

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11863

1. NAME OF DECEASED (Type or Print): ELLA WATERS

2. DATE AND HOUR OF DEATH: 12/2/70 | 2:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 806

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2036 E. FEDERAL ST.

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3-19-1905

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitress

10B. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Winnsboro, S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brown

14. MOTHER'S MAIDEN NAME: Henrietta Pierson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-8362

17. INFORMANT: James Waters ADDRESS: 2036 E. Federal St.

MEDICAL CERTIFICATION

402 X I

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: cardiac and renal failure — 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) hypertensive vascular disease — 20 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/9 19 70 to 12/2 19 70 that (I) (we) last saw the deceased alive on 12/2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James C. Bobrow M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type): James C. Bobrow M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-7-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Tolley M.D.

25C. FUNERAL DIRECTOR: Mary-Elizabeth Law ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11864

BIRTH NO. 7-432 70 11864

1. NAME OF DECEASED (Type or Print): Fields, Della

2. DATE AND HOUR OF DEATH: 12-3-70 | 11:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lincoln Memorial Nursing Home 27 N. Carey St. Baltimore Maryland.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 27 N. Carey Street

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/7/94
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 236-42-3768
17. INFORMANT: Susie Jenkins
ADDRESS: 126 N. Payson St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 10 9

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-2-1970 to 12-3-1970, that (I) (we) last saw the deceased alive on 12/3/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 12-24-70
23C. PHYSICIAN'S NAME (Type): Hollis Sennaine MD DEGREE
23D. ADDRESS: 1801 Greenberry Rd, Balt. Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Cedar Hill, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Charles E Hughes
ADDRESS: 1532 Hollins ~~825 N. Fre~~

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-456 70 11865

BIRTH NO. 70-21078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11865 4

1. NAME OF DECEASED (Type or Print): Christian Allen Millner

2. DATE AND HOUR OF DEATH: 12/1/70 8 ~~AM~~ PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home + Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 21205

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 524 N Lakewood Avenue

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/1/70 9. AGE (In years last birthday): NB If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 12 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): —

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Robert James Millner

14. MOTHER'S MAIDEN NAME: Rosemary Bricko

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 776.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory obstruction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post-maturity

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 0

20A. AUTOPSY? (Yes or No): yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): 0

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 0

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 0

21E. INJURY OCCURRED While At Work ☐ 0 Not While At Work ☐

21F. HOW DID INJURY OCCUR? 0

22. I certify that (I) (this hospital) attended the deceased from 12/1 19 70 to 12/2 19 70 that (I) (we) last saw the deceased alive on 12/2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Howard M. Bergson M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/2/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify): 24B. DATE: 12-3-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City or Town) (State)

25A. DATE REC'D BY HEALTH DEPT. DEC 7 1970

25B. NAME OF REGISTRAR: Robert E. Fahey M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

MBJ 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-235 70 11866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11866

1. NAME OF DECEASED (Type or Print): ROYSTON, CLARENCE

2. DATE AND HOUR OF DEATH: NOVEMBER 27, 1970 6:25A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2005
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2652 St. Benedict ST

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10/31/01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.:
17. INFORMANT: ST AGNES HOSPITAL RECORDS-WILKENS & XX
ADDRESS: CATON AVES BALTO MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: 485X Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:
Uremia
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chronic Brain Syndrome

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): 0
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 21 1970 to NOVEMBER 27 1970 that (X) (we) last saw the deceased alive on NOVEMBER 27 1970 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXXX) (did not) view the body after death.

23A. SIGNATURE: Perfecto C. Salazar DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-30-70
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS: WILKENS & CATON AVES BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (Town or City) (State):

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR:
25D. ADDRESS:

VS 150-REV. 1/1/68

W-362 70 11867

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11867

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WATERS, Mary Louise

2. DATE AND HOUR OF DEATH: 12/2/70 1:20P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Century Home, Inc 102 N. Paca St. Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1402
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1429 Brunt St.

5. SEX: f
6. RACE: n
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/12/90
9. AGE (In years lost birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217 05 1538
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 4124

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio-Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure
(B) Arteriosclerotic CVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) Senility

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 30 19 69 to Dec 2 19 70 that (I) (we) last saw the deceased alive on Dec 2 19 70 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did not) view the body after death.

23A. SIGNATURE: Willard Applefeld DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Willard Applefeld, M.D. DEGREE
23D. ADDRESS: 6615 Reisterstown Rd.

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City or town) (State):

25A. DATE REC'D BY HEALTH DEPT.: DEC 7 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR:
ADDRESS:

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

K-155

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

70 11868 CERTIFICATE OF DEATH

REG. NO. 70 11868

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FRANK Kaufman

2. DATE AND HOUR OF DEATH: 12/4/70 | 4:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 28-43
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [1] NO [ ]
E. STREET AND NUMBER: 2518 Talbot Rd 21216

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [1]
8. DATE OF BIRTH: 5/16/90
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward M
14. MOTHER'S MAIDEN NAME: Fannie
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-03-9315
17. INFORMANT: Hosp chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Cardiogenic Shock	days
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Congestive heart failure	yrs.
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	Coronary artery Disease	years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/26 19 70 to 12/4 19 70 that (I) (we) last saw the deceased alive on 12/4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alan Steinberg MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [1]
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): ALAN STEINBERG MD DEGREE
23D. ADDRESS: Sinai Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/6/70
24C. NAME of CEMETERY or CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Sylvan Lewis & Son ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-550 70 11869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11869

1. NAME OF DECEASED (Type or Print): EDWARD HANNON

2. DATE AND HOUR OF DEATH: 2:45 P.M. 12/4/70

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTO., MD. B. COUNTY: 27-12
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 104 WITHERSPOON RD

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 19/9/12
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RESTAURANT MNGR.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MASSACHUSETTS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LUKE HANNON
14. MOTHER'S MAIDEN NAME: CATHERINE CONNOLLY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: DAUGHTER
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 430.9 Ruptured cerebral aneurysm. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11/21 – 12/4
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 12/1/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CEREBRAL ANEURYSM
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/26 1970 to 12/4 1970 that (I) (we) last saw the deceased alive on 12/4/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles J. Lancellotta M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): CHARLES J. LANCELOTTA M.D. DEGREE
23D. ADDRESS: UNIV. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: Brookside
24D. LOCATION (City, town, or county) (State): Stow, MASS.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson
ADDRESS: 1050 York Rd ~~Towson, Md~~

VS 150-REV. 1/1/68

BIRTH NO. H-543

70 11870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11870

1. NAME OF DECEASED (Type or Print): Mr. John B. Hamilton

2. DATE AND HOUR OF DEATH: 12/2/70 | 4:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto Co. 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 309 Newburg Ave

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-01-01 9. AGE (In years last birthday): 69 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect (Retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Hamilton

14. MOTHER'S MAIDEN NAME: Katherine Douthit

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO. 220-03-9144A

17. INFORMANT: Mrs. John B. Hamilton ADDRESS: 309 Newburg Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 571.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: may be Hepatic coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: - 24 hrs

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Pulm. emphysema + cirrhosis of liver - unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): ~~Yes~~ No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DEC 1 19 70 to DEC 2 19 70 that (I) (we) last saw the deceased alive on DEC 2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel Saldos DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Dec/2/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-5-70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Mem. Park

24D. LOCATION (City, town, or county) (State): Elkridge, Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Darley Cavanaugh ADDRESS: 1 Catonsville Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-463

BIRTH NO. 70-21815 70 11871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11871

1. NAME OF DECEASED (Type or Print): ELWORTHY, BABY BOY Heath Mathew

2. DATE AND HOUR OF DEATH: DECEMBER 2, 1970 | 10:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Baltimore County 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2308 POPLAR DRIVE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12 02 70

9. AGE (In years last birthday): --

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 11 | Min.: 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10B. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: RICHARD M. ELWORTHY

14. MOTHER'S MAIDEN NAME: PATRICIA (PAIKERT)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Richard N. Elworthy, 2308 Poplar Drive, 21207

ADDRESS: ST AGNES RECORDS-BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
174.0	(A) IMMEDIATE CAUSE: Pulmonary Edema	5 1/2 hrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) RH Incompatibility	10 Hrs
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DECEMBER 2 19 70 to DECEMBER 2 19 70 that (I) (we) last saw the deceased alive on DECEMBER 2 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Krita Apibunyopas M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/3/70

23C. PHYSICIAN'S NAME (Type): KRITA APIBUNYOPAS M.D. DEGREE

23D. ADDRESS: ST AGNES HOSPITAL-CATON & WILKENS AVE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State): Elkridge, Howard, Maryland 21227

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Lering Byers

ADDRESS: 8728 Liberty Rd. Randallstown 21133

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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L-532 70-21184

BIRTH NO. 70 11872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11872

1. NAME OF DECEASED (Type or Print): BABY GIRL LANDSMAN — Carolyn Ann Landsman

2. DATE AND HOUR OF DEATH: 12/5/70 6:25 pm — 12/5/70 6:25PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hosp. of Baltimore, Belvedere Ave. at Greenspring 21215 — Sinai Hospital Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — Maryland
B. COUNTY: Balto — 5300
C. CITY OR TOWN: Baltimore — Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Sinai Hosp. Belvedere Ave at Greenspring — Belvedere and Greenspring Ave

5. SEX: Female — Female
6. RACE: White — White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/29/70 — 11/29/70
9. AGE (In years last birthday): --- — If Under 1 Yr. Months: Days (6); If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: ----- — ----
11. BIRTHPLACE (State or foreign country): Maryland — Maryland
12. CITIZEN OF WHAT COUNTRY? US — U.S. A.
13. FATHER'S NAME: Jay Charles Landsman — Jay C. Landsman
14. MOTHER'S MAIDEN NAME: Mary Evelyn Klein — Mary Landsman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no — No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Jay C. Landsman, 2000 Woodlawn Dr. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 Days
DUE TO, OR AS A CONSEQUENCE OF: Hyaline Membrane Disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) Prematurity

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Trachea-Esophageal Fistula

19A. DATE OF OPERATION: 12/2/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheo-esophageal Fistula
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/29 1970 to 12/5/70 1970 that (I) (we) last saw the deceased alive on 12/5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ophelia Zarzuela M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/5/70
23C. PHYSICIAN'S NAME (Type): Ophelia Zarzuela M. D. DEGREE — Ophelia Zarzuela
23D. ADDRESS: Sinai Hospital, Baltimore, Maryland — Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: St. Alphonsus Cemetery
24D. LOCATION (City, town, or county) (State): Woodstock, Baltimore, Maryland 21163

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: Loring Byers
ADDRESS: 8728 Liberty Rd. Randallstown,

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2000 Wadleigh Dr.

C-620

BIRTH NO. 70 11873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11873

1. NAME OF DECEASED (Type or Print) Ralph R. Carrick Sr. Ralph Carrick

2. DATE AND HOUR OF DEATH 12-4-70 10:55 P.M. 10.55P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Lutheran Hospital, Baltimore, Md. 46 Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md B. COUNTY Maryland 27-88

C. CITY OR TOWN 21215 Balto, Md 21216

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 5217 Wilton Heights Ave. 21215 5217 Wilton Heights

5. SEX M M

6. RACE W W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 10-15-94 10-15-94

9. AGE (In years last birthday) 76 76

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamine A. Carrick

14. MOTHER'S MAIDEN NAME Mary R. Laughlin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No. (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 213-10-0258

17. INFORMANT Mrs. Alice Estella Carrick, ADDRESS 5217 Wilton Heights Baltimore 21215 Md

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE Cardiac failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ac. Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes) or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-22 1970 to 12-4 1970 that (I) (we) last saw the deceased alive on 12-4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 12-4-70

23C. PHYSICIAN'S NAME (Type) Dr. Y. BABURAO MD DEGREE

23D. ADDRESS Lutheran Hospital, Balto-16, Md.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 12/8/70

24C. NAME of CEMETERY or CREMATORY Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State) Woodlawn, Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 8 1970

25B. NAME OF REGISTRAR Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR Loring Byers, ADDRESS 8728 Liberty Rd. Randallstown, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

70 11874 CERTIFICATE OF DEATH

REG. NO. 70 11874

BIRTH NO. L-152

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RUTH N. LEVINSON

2. DATE AND HOUR OF DEATH: December 3, 1970 | 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital, Caton & Wilkens Avenues, Baltimore, Maryland 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Arbutus
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4734 Gateway Terrace

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-23-1906
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Brooks
14. MOTHER'S MAIDEN NAME: Elizabeth Cook

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Oscar Levinson, 4734 Gateway Terrace — ADDRESS

MEDICAL CERTIFICATION

18. 410.9 + 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ACUTE CORONARY OCCLUSION — 6 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D. — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) FATTY CIRRHOSIS + DIABETES MELLITUS — 1 yr.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1-23 1960 to 12-3 1970 that (I) (we) last saw the deceased alive on 12-3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Norman R. Kleiman DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): Norman R. Kleiman DEGREE
23D. ADDRESS: 3803 Edmondson Avenue, Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

W-355 70 11875

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11875

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WILLIAM FORD WEIDMAN, JR.

2. DATE AND HOUR OF DEATH: December 4, 1970 7:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2841 W. Lafayette Avenue, Baltimore, Maryland

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2841 W. Lafayette Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-20-1915
9. AGE (In years last birthday): 55
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ford Weidman, Sr.
14. MOTHER'S MAIDEN NAME: Wilhelmina Longley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-4522
17. INFORMANT: Mrs. Irma E. Weidman
ADDRESS: 648 Brisbane Rd. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

153.8

(A) IMMEDIATE CAUSE: Carcinoma of colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 mos

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this~~ hospital) attended the deceased from May 19 1970 to Dec. 4 1970 that (I) (~~we~~) last saw the deceased alive on Dec. 3 1970, and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Abraham B. Hurwitz MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: Dec. 4, 1970

23C. PHYSICIAN'S NAME (Type): Abraham B. Hurwitz MD DEGREE
23D. ADDRESS: 7501 Liberty Road, Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

S-415

BIRTH NO. 70 11876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 130912 70 11876

1. NAME OF DECEASED (Type or Print): SULLIVAN, MRS. IDA E.

2. DATE AND HOUR OF DEATH: 12/1/70 5:20 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Balto. Co. 53-00

C. CITY OR TOWN: Balto 21207 D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 7125 A Rolling Bend Rd.

5. SEX: FEMALE 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 10/4/68 9. AGE (In years last birthday): 102 yrs. If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT home.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: BURGESS JAMES H.

14. MOTHER'S MAIDEN NAME: MARY SELBY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-56-9886

17. INFORMANT: BURGESS DAY 7125 Rolling Bend R. ADDRESS: Balto. 21207, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Septicemia

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD - CVA

DUE TO, OR AS A CONSEQUENCE OF:

(C) Senility

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 21 1970 to DEC 1 1970 that (I) (we) last saw the deceased alive on DEC 1 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel Galdos DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): Manuel Galdos DEGREE

23D. ADDRESS: Bon Secours.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-4-70

24C. NAME of CEMETERY or CREMATORY: Mt. Kien

24D. LOCATION (City, town, or county) (State): Alpha Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: Higinbotham-Slack ADDRESS: Ellicott City Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-525 70 11877 REG. NO. 70 11877

1. NAME OF DECEASED (Type or Print): ABNER BINGHAM Jr.

2. DATE AND HOUR OF DEATH: DEC 5, 1970, 9:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MD. GENERAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Frederick Co 60-11
C. CITY OR TOWN: FREDERICK
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1200 TANEY AVE

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-01-05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trainmaster
10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abner B. Bingham Sr.
14. MOTHER'S MAIDEN NAME: Annie Roboson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
If yes, give war or dates of service: NO
16. SOCIAL SECURITY NO.: 710-09-6267
17. INFORMANT: Mrs. Beatrice Bingham (same as above)
ADDRESS:

MEDICAL CERTIFICATION

18. 151.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: CARCINOMA, GASTRIC, WIDESPREAD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 MOS
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 12-4-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Suspected Carcinoma
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 10-27-70 19__ to 12-5 19 70 that (I) (~~we~~) last saw the deceased alive on 12-4- 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Wm Carl Ebeling MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): WM CARL EBELING MD DEGREE
23D. ADDRESS: 7620 YORK RD BALTO MD 21204

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: Reform Cemetery
24D. LOCATION (City, town, or county) (State): Knoxville, Maryland 21758

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Robert W. Keener
ADDRESS: Fetchison Funeral Home Frederick, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11878

BIRTH NO. H-525 70 11878

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Nancy Hanson

2. DATE AND HOUR OF DEATH: 11-25-70 10:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Hill Bolton Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-10
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3501 Berwyn Avenue

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-13-1909
9. AGE (In years last birthday): 61
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbia, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 223-01-4605
17. INFORMANT: MRS. A. SWEITZER ADDRESS: 3501 Berwyn Av.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Cancer - Jaw — 1 yr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Primary site Ca of Cx
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-12-70 19 to 11-25 19 70, that (I) (we) last saw the deceased alive on 11-24 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ned. T. Nyzuk MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/4/70
24C. NAME of CEMETERY or CREMATORY: MT. CALVERY CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Wm. J. Fletcher & Sons ADDRESS:

VS 150-REV. 1/1/68

1

G-623

70 11879 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11879

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN GROSSKETTLER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: November 28,1970 2:50 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bus #1976-Fulton and Wilkens Avenue

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto Co. 53-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4408 Alan Drive

00

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 11-28-1915
10. AGE (In years last birthday): 55 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Shenandoah Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Grosskettler
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
14B. KIND OF BUSINESS OR INDUSTRY: Md State Health Dept
15. MOTHER'S MAIDEN NAME: Catherine Schmidt
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): U.S. Army
17. SOCIAL SECURITY NO.
18. INFORMANT: Agnes Grimecy ADDRESS: Lancaster Pa

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4/12.4

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.
DATE SIGNED: 11/28/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 11-30-70
24C. NAME of CEMETERY or CREMATORY: Annunciation
24D. LOCATION (City, town, or county) (State): Pa.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert A. Lackey M.D.
25C. FUNERAL DIRECTOR: W.M.T. Fletcher & Sons ADDRESS: Balto Md

VS 151-REV. 1/1/68

B.250

O-422

70 11880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11880

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VICTORIA F. BOGUN OLSZEWSKI

2. DATE AND HOUR OF DEATH: Dec 3. 1970 13:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Balto. Gen Hosp

43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 26-11

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 507 S. EAST AVE

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12-7-85

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Anthony Slathowski

14. MOTHER'S MAIDEN NAME: Frances ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. F. Kowalski

ADDRESS: 5304 Keith Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerosis of Coronary arteries

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25/70 19 to 12/3/70 19 that (I) (we) last saw the deceased alive on 12/3/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edmund P. Garvey MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/3/70.

23C. PHYSICIAN'S NAME (Type): EDMUND PATRICK GARVEY MD DEGREE

23D. ADDRESS: 3001 Sth HANOVER ST

24A. BURIAL CREMATION, REMOVAL (Specify): Burial.

24B. DATE: 12-7-70

24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.

25C. FUNERAL DIRECTOR: B. A. Brown

ADDRESS: 2818 E. Balto. St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-562

BIRTH NO. 70 11881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11881

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Alfred Thomas Vannerson Jr.

2. DATE AND HOUR OF DEATH: Dec. 4, 1970 | 1:05 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-43
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3201 Juneau Place

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/26/24
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Officer
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alfred T. Vannerson
14. MOTHER'S MAIDEN NAME: Irene Lyndley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): USAF 1943-1946
16. SOCIAL SECURITY NO.: 214-20-2917
17. INFORMANT: Records- US PHS Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

563.1 X 201 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia — Days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ulcerative colitis — Years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hodgkin's disease — Years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 6 19 70 to Dec. 4 19 70 that (I) (we) last saw the deceased alive on Dec. 4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, Suegeon (R) DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc-6415 Belair Road-21206
ADDRESS:

RGB

VS 150-REV. 1/1/68

56-00-05 cjs

RELEASED ON APPROVAL BY MEDICAL EXAMINER

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11882

BIRTH NO. W-425 Montgomery Co. Md. 70 11882

1. NAME OF DECEASED (Type or Print): BRADFORD Lee WILSON

2. DATE AND HOUR OF DEATH: 12/4/70 8:07 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL 21224
4940 Eastern Avenue Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-00
C. CITY OR TOWN: ANNAPOLIS
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: RT. 5 Box 240 A 21401

5. SEX: Male
6. RACE: CAUC
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/17/67
9. AGE (In years last birthday): 3 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES WILSON
14. MOTHER'S MAIDEN NAME: ELIZABETH WYMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): --
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 hrs
DUE TO, OR AS A CONSEQUENCE OF:
ACUTE STEM CELL LEUKEMIA UNDER TREATMENT — DIAGNOSED 1 yr. AGO
(B) with Vincristine & Prednisone
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/19 1969 to 12/4 1970, that (I) (we) last saw the deceased alive on 12/2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard M Thaller MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): RICHARD M. THALLER MD DEGREE
23D. ADDRESS: 4940 Eastern Avenue Baltimore, Maryland BALTIMORE CITY HOSPITALS 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec 7 '70
24C. NAME of CEMETERY or CREMATORY: Hillcrest Cemetery
24D. LOCATION (City, town or county) (State): Annapolis, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Robert J. Beall
ADDRESS: Beall Funeral Home Annapolis, Md.

VS 150-REV. 1/1/68

B-420

BIRTH NO. 70 11883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11883

1. NAME OF DECEASED (Type or Print): BLACK, ANNA

2. DATE AND HOUR OF DEATH: 12/4/70 11:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE Co 53.00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3671 FOREST HILL ROAD #7

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 8/14/93 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Goldberg 14. MOTHER'S MAIDEN NAME: Hannah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. A 214-12-2609

17. INFORMANT: Mrs Peggy Feldman ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	ELECTROLYTE IMBALANCE	3 WKS.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	RENAL FAILURE	3 WKS.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	ACUTE MI AND CHF	4 WKS.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/9 19 70 to 12/4 19 70 that (I) (we) last saw the deceased alive on 12/4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert Mermin M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Dec. 4/70.

23C. PHYSICIAN'S NAME (Type): BERNARD COHEN M.D. DEGREE

23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/6/70 24C. NAME of CEMETERY or CREMATORY: Israel Emunah-Arlington 24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970 25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D. 25C. FUNERAL DIRECTOR: Sol Levinson & Bros Inc ADDRESS: 6010 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-452 70 11884

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11884

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Blumson, Tillie

2. DATE AND HOUR OF DEATH: 12-5-70 3:25 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 15-13
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4401 Pall Mall Rd #15

5. SEX: FEMALE
6. RACE: White.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: XXXXXXXXXX
9. AGE (In years last birthday): 85 — If Under 1 Yr. Months: Days: Hours: If Under 24 Hrs. Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HARRY Bernstein
14. MOTHER'S MAIDEN NAME: GITTEL ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. SAMUEL BLUMSON, 4214 REISTERSTOWN ROAD
ADDRESS:

CAUSE OF DEATH

18. 1353.8

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intestinal Obstruction due to — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Ca. of large Bowel? — "
DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~Hypertension~~; Renal failure; dehydration — "

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hypertension; Arteriosclerotic heart disease.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-4-70 19 to 12-5-70 19 that (I) (we) last saw the deceased alive on 12-4-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the cause stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): DAVID ZEITUNG M.D. DEGREE
23D. ADDRESS: 5616 Park Heights Ave Baltimore, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-6-70
24C. NAME of CEMETERY or CREMATORY: BETH HAMEDROSH HAGODOL
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
ADDRESS:

VS 150-REV. 1/1/68

G-435 BIRTH NO. 70 11885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11885

1. NAME OF DECEASED (Type or Print): LOUIS GOLDMAN

2. DATE AND HOUR OF DEATH: 12-6-70 8:40 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: House in the Pines Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 7931 LONG MEADOW ROAD

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 10/26/89
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JULIUS GOLDMAN
14. MOTHER'S MAIDEN NAME: ~~KKKK~~ BETTY GOODMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-16-2329
17. INFORMANT: MRS. SOL KRAMER, 7931 LONG MEADOW ROAD
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: METASTATIC CARCINOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA OF THE LARYNX — 3 YEARS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 60 to 12-6 19 70 that (I) (we) last saw the deceased alive on 12-6 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ view the body after death.

23A. SIGNATURE: B R Shochet, MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12-6-70
23C. PHYSICIAN'S NAME (Type): BERNARD R. SHOCHET, M.D. DEGREE
23D. ADDRESS: 6904 PARK HEIGHTS AVE, BALTIMORE, MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-526 70 11886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11886

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MORRIS A. VANGER

2. DATE AND HOUR OF DEATH: December 5, 1970 | 10:25 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6604 Eberle Drive Apt. 302

5. SEX: Male
6. RACE: White
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 30, 1912
9. AGE (In years last birthday): 58 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10B. KIND OF BUSINESS OR INDUSTRY: Burglar Alarm Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac Vanger
14. MOTHER'S MAIDEN NAME: Anna Levy
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-07-2212
17. INFORMANT: Mrs. Ethel Vanger ADDRESS: 6604 Eberle Drive Apt. 302

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — 4-12-3

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic heart disease — 5 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from ____ 19 67 to 12/5 19 70, that (I) (~~we~~) last saw the deceased alive on 11/17 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sheldon C. Kravitz, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: December 6, 1970
23C. PHYSICIAN'S NAME (Type): Dr. Sheldon Kravitz DEGREE
23D. ADDRESS: 6715 Park Heights Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 6, 1970
24C. NAME of CEMETERY or CREMATORY: Adath Yeshurun (Sodova)
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Sol Levinson & Bros. ADDRESS: 6010 Reisterstown Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-620 70 11887

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11887

1. NAME OF DECEASED (Type or Print): John L. Siewierski

2. DATE AND HOUR OF DEATH: Dec. 3, 1970 | 10 15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland, B. COUNTY: 6-01

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 31. North Kenwood Ave.

5. SEX: Male

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-08-01

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Siewierski

14. MOTHER'S MAIDEN NAME: Anna Wiencek

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW-2

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 312-01-0632

17. INFORMANT: Mary Siewierski

ADDRESS: 31 N. Kenwood Ave.

MEDICAL CERTIFICATION

18. 412.21

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Subarachnoidal hemorrhage — 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonia. — 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(C) H.C.V.D. — 2 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 20 1970 to Dec. 3 1970 that (I) (we) last saw the deceased alive on Dec. 3 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jae H. Hong M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Dec. 3, 1970

23C. PHYSICIAN'S NAME (Type): JAE H. HONG DEGREE

23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-7-70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Lackey M.D.

25C. FUNERAL DIRECTOR: B. Dabrowski

ADDRESS: 244 E. Balto. St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-240 BIRTH NO. 70 11888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11888

1. NAME OF DECEASED (Type or Print): JASKAL, (FATHER) GABRIEL FRANCES

2. DATE AND HOUR OF DEATH: DECEMBER 6, 1970 3:05P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MARYLAND 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 20-08
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 3800 FREDERICK AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 06 11 04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RELIGIOUS Priest
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MASSACHUSETTS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER JASKAL
14. MOTHER'S MAIDEN NAME: SALOME VALENTICKICEVIENE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219 62 5494
17. INFORMANT: 4 ST AGNES RECORDS
ADDRESS:

MEDICAL CERTIFICATION

18. 157.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Liver disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of Head of Pancreas — Indefinite

DUE TO, OR AS A CONSEQUENCE OF:

(C) with extensive metastasis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 10, 19 70 to DECEMBER 6, 19 70 that (I) (we) last saw the deceased alive on DECEMBER 6, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sabanayagam DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): SABANAYAGAM, P. MD. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec.9,1970
24C. NAME of CEMETERY or CREMATORY: St. Gabriel Church Cem.
24D. LOCATION (City, town, or county) (State): Brighton, Boston Mass.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: G. Truman Schwab
ADDRESS: Balto. Md. 21229 3512 Frederick Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-000 BIRTH NO. 70 11889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11889

1. NAME OF DECEASED (Type or Print): Rahe, Miss Elizabeth

2. DATE AND HOUR OF DEATH: 12-3-70 | 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 Keswick

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 505 E. 28th Street

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-21-1899
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lewis W. Rahe
14. MOTHER'S MAIDEN NAME: Caroline Schalman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-10-2624-H
17. INFORMANT: Keswick Records — ADDRESS: 700 W. 40th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pneumonia	3 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Parkinsonism	27 years
DUE TO, OR AS A CONSEQUENCE OF: (C)	Cerebral arteriosclerosis	27 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JANUARY 14, 1957 to December 3, 1970 that (I) (we) last saw the deceased alive on December 3, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. B. Daniels, Jr. M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): W. B. DANIELS, Jr. DEGREE
23D. ADDRESS: Keswick, 700 W. 40th St. Baltimore, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: ST. JOHN'S
24D. LOCATION (City, town, or county) (State): York Rd + 31st

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Wm J. Tickner + Sons — ADDRESS: North + PA Aves Balto. Md.

VS 150-REV. 1/1/68

G 6357

BIRTH NO. 70 11890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11890

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Gardner, Virgina

2. DATE AND HOUR OF DEATH: 12/4/70 5:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1128 Gilmore Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 4/16/99
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Morris
14. MOTHER'S MAIDEN NAME: Elvira Harris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Delores Duckett
ADDRESS: 633 Augustus Ave.

MEDICAL CERTIFICATION

1B. 160.2

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiopulmonary Arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B) Obstructive lesion Respiratory tract
DUE TO, OR AS A CONSEQUENCE OF:

(C) Maxillary antrum carcinoma

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/29/70 19 to 12/4/70 19 that (I) (we) last saw the deceased alive on 12/4/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Efeha G. Loot, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Dec. 4, 1970
23C. PHYSICIAN'S NAME (Type): Efeha G. Loot MD DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-8-70
24C. NAME of CEMETERY or CREMATORY: MT. AUBURN
24D. LOCATION (City, town, or county) (State): BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: NELSON F.H.
ADDRESS: 1348 Calhoun St

VS 150-REV. 1/1/68

M 324

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11891

1. NAME OF DECEASED (Type or Print): Mitchell, Albert T.

2. DATE AND HOUR OF DEATH: 12/7/70 9:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Divison Street, Baltimore, Maryalnd 21217
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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 507 Robert Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/20/04
9. AGE (In years last birthday): 66
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Jessie Mitchell
14. MOTHER'S MAIDEN NAME: Elizabeth Clark
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-18-4869A
17. INFORMANT: Mrs. Margaret Mitchell-wife
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Bronchopneumonia	7 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B) DUE TO, OR AS A CONSEQUENCE OF:	Chronic lung disease	20+ yrs
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Uremia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1/70 19 to 12/7/70 19 that (I) (we) last saw the deceased alive on 12/7/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) (did not) view the body after death.

23A. SIGNATURE: Veniedo A. Acidio, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]
23B. DATE SIGNED: Dec. 7, 1970
23C. PHYSICIAN'S NAME (Type): VENIEDO A. ACIDIO M.D. DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: V. BAILEY KELSON F.H.
ADDRESS: 1348 CALHOUN ST

VS 150-REV. 1/1/68

1

W 452

70 11892

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11892

1. NAME OF DECEASED (Type or Print): MILDRED WILLIAMS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 4 Year 1970 Hour 2:15 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1153 Mount St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1153 Mount St.

6. SEX: female
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 4-1-09
10. AGE (In years last birthday): 61
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Whitley Reed
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO. 212-28-1153
18. INFORMANT: James Williams ADDRESS: 1153 N. Mount St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4.12.2

(A) Hypertensive & arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: 12-5-70

24A. BURIAL CREMATION, REMOVAL: (Specify) Burial
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: V. Bailey Kelsey F.H. ADDRESS: 1348 Calhoun Street

9871

VS 151-REV. 1/1/68

C-562

BIRTH NO. 70 11893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11893

1. NAME OF DECEASED (Type or Print): CATHERINE B. CONNORS

2. DATE AND HOUR OF DEATH: 12-6-70 7:22 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home and Hospital 35 Baltimore 21231, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3909 Mt. Pleasant Ave.

5. SEX: FEMALE 6. RACE: WHITE 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑ 8. DATE OF BIRTH: 4-5-17 9. AGE (In years last birthday): 53 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max F. Kuhn
14. MOTHER'S MAIDEN NAME: Mary A. Lambdin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 216720392
17. INFORMANT: Mother ADDRESS: SAME.

MEDICAL CERTIFICATION

18. 154.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Widespread malignant metastasis — about 4 mo.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Rectum — before 4 months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Unknown

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Pneumonia — 1 month

19A. DATE OF OPERATION: 4 months ago
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Obstruction
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 11-6-70 19__ to 12-6 19 70 that ~~I~~ (we) last saw the deceased alive on 12-6 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Carlito C. Tabora MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): CARLITO C. TABORA MD DEGREE
23D. ADDRESS: Church Home and Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN CEM.
24D. LOCATION (City, town, or county) (State): 7225 EASTERN BLVD. BA. Co., MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: Charles J. Feller
ADDRESS: 6224 EASTERN AVE. BALTO., 21224, MD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-630

BIRTH NO. 70 11894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11894

1. NAME OF DECEASED (Type or Print): ALBERT BEARD

2. DATE AND HOUR OF DEATH: DEC 4 1970 | 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 8-07

C. CITY OR TOWN: BALTIMORE,

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1442 N. BROADWAY

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/19/30

9. AGE (In years last birthday): 40

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mecklenburg Co. Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: RICHARD BEARD

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-26-8803

17. INFORMANT: Napoleon Beard

ADDRESS: Rt.2, Box-190-D Severn, M.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARDIORESPIRATORY ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.

DUE TO, OR AS A CONSEQUENCE OF:

(B) LIVER FAILURE 2° to ESOPHAGEAL VARICEAL BLEEDING 2° to chronic EtOH

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: NONE

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NONE

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NONE

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NONE

21E. INJURY OCCURRED: NONE While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? NONE

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 11-22 1970 to 12-4 1970, that (I) ~~(we)~~ last saw the deceased alive on 12-4 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Steven Rubin MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12-4-70

23C. PHYSICIAN'S NAME (Type): STEVEN RUBIN DEGREE

23D. ADDRESS: JOHNS HOPKINS HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/70

24C. NAME of CEMETERY or CREMATORY: Oak Level Ch. Ceme. N.C.

24D. LOCATION (City, town, or county) (State): Warren County, N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

26. NAME OF FUNERAL DIRECTOR: Feggins Funeral Home,

ADDRESS: 409 So. Hill Ave. South Hill, Va.

VS 150-REV. 1/1/68

OSL 4

12 1 70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

X

Rt. 2, Box-190-D
Severn, M.D.

R-236 70 11895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11895

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Royster, Cornelius

2. DATE AND HOUR OF DEATH 12/5/1970 3:10 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE CITY 9-09

C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 1732 HARFORD AVE

5. SEX MALE

6. RACE NEGRO

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 6-9-81

9. AGE (In years last birthday) 79

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) OXFORD N. C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ALEC ROYSTER

14. MOTHER'S MAIDEN NAME MARY FIELDS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) YES

16. SOCIAL SECURITY NO. 212-18-9025

17. INFORMANT MARY JOHNSON ADDRESS S/A

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Gram negative sepsis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Renal failure, Congestive Heart failure, Chronic obstructive pulmonary disease, and stomach cancer

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 10-28-1970 19 70 to 12-5 19 70, that (I) (~~we~~) last saw the deceased alive on 3:10 PM 12-5 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE Trexler M Topping MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED 12-5-1970

23C. PHYSICIAN'S NAME (Type) Trexler M Topping MD DEGREE

23D. ADDRESS THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 12-10-70

24C. NAME of CEMETERY or CREMATORY Arbutus Cem

24D. LOCATION (City, town, or county) (State) Arbutus Md

25A. DATE REC'D BY HEALTH DEPT. DEC 8 1970

25B. NAME OF REGISTRAR Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR Elroy O Wilson

ADDRESS 1000 Brantley Ln

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

58-02-96 db 1

W 42-5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11896

1. NAME OF DECEASED (Type or Print): PAUL J WILSON

2. DATE AND HOUR OF DEATH: 12/5/70 9:20 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL 4940 Eastern Ave. Balto., Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4833 Belair Ave. 21206 007

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-25-15
9. AGE (In years last birthday): 55
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: BALTO GAS LIGHT
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry T. Wilson
14. MOTHER'S MAIDEN NAME: ANNIE RUCKEL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 216-14-1583
17. INFORMANT: 4940 Eastern Ave. BCH-Records Baltimore, Md. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

531.0 / 303.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: SEPSIS	3 DAYS
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	PNEUMONIA - CIRRHOSIS	1 week
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	PEPTIC GASTRIC ULCER	1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHRONIC ALCOHOLISM — >5 YEARS

19A. DATE OF OPERATION: 12/1/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GI BLEEDING
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11/25/70 19 to 12/5/70 19 that (I) (we) last saw the deceased alive on 12/5/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Castro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): E. CASTRO DEGREE
23D. ADDRESS: 4940 Eastern Ave. Balto., Md. 21224 BALTIMORE CITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND
25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: DIPPEL BROTHERS 7100 BELAIR ROAD Md ADDRESS

VS 150-REV. 1/1/68

1

M 625
H. 452

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11897 REG. NO. 70 11897

1. NAME OF DECEASED (Type or Print): RALPH HOLMES MORGAN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 12 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Church Home & Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 6-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2420 Orleans St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: APRIL 12 1954
10. AGE (In years last birthday): 16
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RALPH HOMES

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
14B. KIND OF BUSINESS OR INDUSTRY: SCHOOL
15. MOTHER'S MAIDEN NAME: ANNIE BROOKS

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: ANNIE MORGAN ADDRESS: 2420 ORLEANS ST

MEDICAL CERTIFICATION

19. E 965 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Front of 2044 E. Baltimore St. 6-04

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-5-70 5:32 p m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot by unknown assailant.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC 11 1970
24C. NAME of CEMETERY or CREMATORY: BROOKS CEMETERY
24D. LOCATION (City, town, or county) (State): PEN BROOK NORTH CAROLINA

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: ONE UNITED BROS INC ADDRESS: 1800 E LOMBARD ST

VS 151-REV. 1/1/68

N. 904.1

B 4001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11898 Registered No. 70 11898

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Mattie Hattie Velma Bailey

2. DATE AND HOUR OF DEATH: Dec. 5 1970 | 12:25 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00520 Bridgeview Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: 25-53 C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore D. STREET ADDRESS (If rural, give location): 520 Bridgeview Rd.

5. SEX: F. 6. RACE: Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced 8. DATE OF BIRTH: Nov. 12, 1915 9. AGE (In years last birthday): 55 yrs. If Under 1 Yr. Months: Days: 20 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 10B. KIND OF BUSINESS OR INDUSTRY: None 11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Legs 14. MOTHER'S MAIDEN NAME: Bessie Shelton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 17. INFORMANT: sister ADDRESS: Hattie Morris, 2847 Bookert Dr.

MEDICAL CERTIFICATION

1B. 174X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of Breast — 1 year

DUE TO

(B) metastatic Process of ~~Left Arm~~ [left Arm] — 8 wks

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan. 26, 1953 to Dec. 5 1970, that (I) (we) last saw the deceased alive on DEC 3, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jerry C. Luck, M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 12-7, 1970

23C. PHYSICIAN'S NAME (Type): Jerry C. Luck, M.D. 23D. ADDRESS: 427 Sudale Rd; Balto. Md 21225

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-9-70 24C. NAME of CEMETERY or CREMATORY: Carver Mem. Park 24D. LOCATION (City, town, or county): Laurel (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1129 N. Caroline

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A 4231

BIRTH NO. 70 11899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11899

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Alston. Horace

2. DATE AND HOUR OF DEATH: December-3- 1970 8.40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hilton. Nursing- Home 3313- Poplar- Street Baltimore. Maryland- Zone- 16

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 4042- Annellen- Rd B. COUNTY: Baltimore. Maryland 15-11
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4042 Annellen Rd.

5. SEX: M
6. RACE: Nergo
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-19-05
9. AGE (In years last birthday): 65 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North. Carolina
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Phillip. Alston
14. MOTHER'S MAIDEN NAME: Emily Harris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-07-4383
17. INFORMANT: Mary Yates ADDRESS: 4050 Annellen Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412.4 A. S. C. V. D.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-5 1970 to 12-3- 1970 that (I) (we) last saw the deceased alive on 12-2- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: Barbu Calin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-4-70
23C. PHYSICIAN'S NAME (Type): Dr. Barbu Calin DEGREE
23D. ADDRESS: 3459 St. Johns Lane Ellicott City, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-8-70
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county): Arbutus (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: ELLIOTT Funeral Home ADDRESS: 1129 N Carolina

VS 150-REV. 1/1/68

1

70 11900

S-152

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11900

1. NAME OF DECEASED (Type or Print): CLEM B. SPENCER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 7 Year 1970 Hour 9:20 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
34 Bon Secours Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 19-03
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 19 S. Fulton St.

6. SEX: male
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 12-15-1900
10. AGE (In years last birthday): 69
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Spencer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Lucy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 218-03-2037
18. INFORMANT: Lelia King ADDRESS: 19 S. Fulton Ave.

MEDICAL CERTIFICATION

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

J-623 70 11901

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11901

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Edith V. Thurgood (Edith V. M. Thurgood)

2. DATE AND HOUR OF DEATH: 12/7/70 1 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [**] NO [ ]
E. STREET AND NUMBER: 135 Hopkins Road

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [*] DIVORCED [ ]
8. DATE OF BIRTH: 11-25--1897
9. AGE (In years last birthday): 73 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Sullivan
14. MOTHER'S MAIDEN NAME: Edith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-54-1134
17. INFORMANT: Mrs. Warren J. Bauer — ADDRESS: 135 Hopkins Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pulmonary Embolism — 12/7/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes Mellitus long standing — 1 month

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertensive heart disease — yes

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). — Diabetes Mellitus — 1 month

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1964 19 to 12/7/70 19 that (I) (~~we~~) last saw the deceased alive on 12/7/70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: Walter E. Harfgin MD — DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): WALTER E. HARFGIN MD — DEGREE
23D. ADDRESS: 4331 Hereford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. — ADDRESS: 4905 York Road Balto., Md. 21212

VS-150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-453 70 11902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11902

1. NAME OF DECEASED (Type or Print): ARELIA HYLAND

2. DATE AND HOUR OF DEATH: 12-2-70 5:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 13-01
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 920 WHITELOCK ST.

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 3-2-87 9. AGE (In years last birthday): 83 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dames Quarter, Md ~~Dameqquarter~~ 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL JONES 14. MOTHER'S MAIDEN NAME: JANE LEATHERBURY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO 16. SOCIAL SECURITY NO.

17. INFORMANT: Herman Jones, Dames Quarter, Md ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiogenic Shock — 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Intractable Cardiac failure — 3 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Severe Arteriosclerosis, generalized

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Pleural effusion

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-28 1970 to 12-2 1970, that (I) (we) last saw the deceased alive on 12-2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. DeWayne Andrews MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 12-2-70

23C. PHYSICIAN'S NAME (Type): M. DE WAYNE ANDREWS DEGREE 23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/6/70 24C. NAME of CEMETERY or CREMATORY: Macedonia 24D. LOCATION (City, town, or county) (State): Dames Quarter, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970 25B. NAME OF REGISTRAR: John E. Jacobs, M.D. 25C. FUNERAL DIRECTOR: William H. James Jr, Princess Anne, MD ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. L-340 70 11903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11903

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Lewis B. Little

2. DATE AND HOUR OF DEATH: 12.2.70 - 7:55 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~3535 Hickory Ave~~
C. CITY OR TOWN: Balto. Md
D. INSIDE CITY LIMITS? YES ☑ NO ☐ 13-06
E. STREET AND NUMBER: 3535 Hickory Ave.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/3/1900
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARETAKER
10B. KIND OF BUSINESS OR INDUSTRY: PRIVATE ESTATE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis R. Little
14. MOTHER'S MAIDEN NAME: Bervina Babylon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO. 217-01-5903
17. INFORMANT: Family records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrythmia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Severe ASCVD - myocardial infarct 1 yr
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Last several years 19__ to present 19__ that (I) (we) last saw the deceased alive on Approx 2 weeks 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/2/70
23C. PHYSICIAN'S NAME (Type): Mellin Otto Jr DEGREE
23D. ADDRESS: 1060 St Paul Street Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 5, 1970
24C. NAME of CEMETERY or CREMATORY: Liescester Cemetery
24D. LOCATION (City, town, or county) (State): Westminster Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: Louis Jordan

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-652 70 11904 REG. NO. 70 11904

1. NAME OF DECEASED (Type or Print): SARAH BURNS

2. DATE AND HOUR OF DEATH: Dec. 2, 1970 @ 7:45 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nsg. + Convalescent Center, 1400 John St. Balt. Md. 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Balto. Co. 53-00
C. CITY OR TOWN: Lutherville
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1544 Pickett Rd. 21093

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5-9-1884
9. AGE (In years last birthday): 86
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babysitting
10B. KIND OF BUSINESS OR INDUSTRY: Homemaker-Own Home
11. BIRTHPLACE (State or foreign country): Canada, Quebec
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 215-34-2061
17. INFORMANT: Admission Record - Bolton Hill
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiomyopathy — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerosis Generalized — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11 1968 to 12/2 1970, that (I) (we) last saw the deceased alive on 12/2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 12/3/70
23C. PHYSICIAN'S NAME (Type): ALLAN H MACINTYRE MD DEGREE
23D. ADDRESS: 1E Read St Balt Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 5, 1970
24C. NAME of CEMETERY or CREMATORY: Prospect Hill Cemetery
24D. LOCATION (City, town, or county) (State): Towson, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

THE BODY OF ANNA LEE DEALS HAS BEEN RELEASED AS NON MED BY DR. ITZ FOR THE ANNA LEE
MEDICAL EXAMINER'S OFFICE 05 13 13

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-420 70 11905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11905

1. NAME OF DECEASED (Type or Print): Beals Anna Lee (Anna Lee BEALS)

2. DATE AND HOUR OF DEATH: 12/6/70 6:05 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Kent Co 64-37
C. CITY OR TOWN: Chestertown D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 537 High St

5. SEX: Female 6. RACE: White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 5-13-13 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper (Vita Foods, Inc.) 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): West Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Brown 14. MOTHER'S MAIDEN NAME: Gettie Mason

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216 07 6970
17. INFORMANT: Wm. Otis Beals ADDRESS: 537 High St. Chestertown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest — 3 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hepatic + Renal Failure — 15 days.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Active Hepatitis — Unknown.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Purine Ether Bone marrow Toxicity - 1-2 mo.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 27 19 70 to December 6 19 70, that (I) (we) last saw the deceased alive on December 6 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William L. Horvath M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/6/70
23C. PHYSICIAN'S NAME (Type): WILLIAM L. HORVATH M.D. DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSP BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/8/70 24C. NAME of CEMETERY or CREMATORY: Chester Cemetery 24D. LOCATION (City, town, or county) (State): Chestertown, Md. 21620

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: Willis Wells ADDRESS: Chestertown, Md.

VS 150-REV. 1/1/68

F-436 70 11906

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11906

1. NAME OF DECEASED (Type or Print): FALTER, JAMES J.

2. DATE AND HOUR OF DEATH: DECEMBER 5, 1970 | 11:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital, Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3015 Ohio Ave 21227

5. SEX: M

6. RACE: Caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 19, 1908

9. AGE (In years last birthday): 62

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Distillery

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benedict Falter

14. MOTHER'S MAIDEN NAME: Henrietta Woolfenden

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217 20 8025

17. INFORMANT: Adelle Falter

ADDRESS: 3015 Ohio Ave. Balto. Md. 21227

MEDICAL CERTIFICATION

18. 154.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma of

DUE TO, OR AS A CONSEQUENCE OF: Rectal - Sigmoid Colon

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from Nov 14 1970 to Dec 5 1970 that ~~(I)~~ (we) last saw the deceased alive on Dec 5 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Barry R. Schneider, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/5/70

23C. PHYSICIAN'S NAME (Type): BARRY R. SCHNEIDER M.D. DEGREE

23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/9/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: McCully Funeral Home

ADDRESS: Balto. Md. 21227

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. A-654 70 11907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11907

1. NAME OF DECEASED (Type or Print): HERBERT ARNOLD

2. DATE AND HOUR OF DEATH: DECEMBER 5 1970 2:58 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balt. Co. 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1718 NEWCASTLE RD

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-28-97 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Brass & Copper Co.

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Arnold

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Naumann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-09-9881

17. INFORMANT: Son ADDRESS: Herbert J. Arnold- 1718 NewcastleRd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 200.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTIC SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) PNEUMONIA — 24 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) RETICULUM CELL SARCOMA — 1 YEAR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: NONE 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that ~~I~~ (this hospital) attended the deceased from 12/4/ 1970 to 12-5 1970 that ~~I~~ (we) last saw the deceased alive on 12/5 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. E. Mahaffey M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): J. E. MAHAFFEY M.D. DEGREE

23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/9/70

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Sterling Funeral Estate ADDRESS: 736 Edmondson Ave. Catonsville, Md. 21228

VS 150-REV. 1/1/68

H-325

BIRTH NO. 70 11908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11908

1. NAME OF DECEASED (Type or Print): Hutchins, Baby Girl

2. DATE AND HOUR OF DEATH: Nov 25, 70 7 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: Laurel Howard Co. 63-00

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2203 Scaggsville Rd 20810

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/23/70

9. AGE (In years last birthday): 3 days

If Under 1 Yr. Months: Days: 3 If Under 24 Hrs. Hours: 1 Min.: 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Hutchins

14. MOTHER'S MAIDEN NAME: Brenda Hardin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. 776.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory Distress Syndrome — 1 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) prematurity — 72 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23 1970 to 11/25 1970 that (I) (we) last saw the deceased alive on 11/25 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sang Y. Rhim, MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11/25/70

23C. PHYSICIAN'S NAME (Type): SANG YOON RHIM

23D. ADDRESS: Johns Hopkins Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 12-8-70

24C. NAME of CEMETERY or CREMATORY: JOHNS HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Lasher, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

43

ANATOMY BOARD OF MARYLAND

1

W-425

70 11909 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11909

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALBERT WILSON

2. DATE OF DEATH: Known [X] Estimated [ ] Month December Day 2 Year 1970 Hour 4:45 P.M.

3. DATE PRONOUNCED DEAD: Month December Day 2 Year 1970 Hour 4:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 541 Wilson Street

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH
10. AGE (In years last birthday): 55
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U
13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 219-05-7939
18. INFORMANT: Mr Albert Wilson, Jr, ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive gastrointestinal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(B) Duodenal ulcer
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: December 3, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry
24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

C-640 70 11910

BIRTH NO. 70-21066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11910

4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Baby Boy Carroll

2. DATE AND HOUR OF DEATH: 11/29/70 7.05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Newborn. B. COUNTY: 25-52
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 517 Seagull Ave

5. SEX: B
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/29/70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 4 Min.: 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Deborah Carroll

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Deborah Carroll ADDRESS: 517 Seagull Ave. 21225.

MEDICAL CERTIFICATION

18. 777X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Non-viability - 20 wks. gestation — 4 hrs. 25 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/29 19 70 to 11/29 19 70 that (I) (we) last saw the deceased alive on 11/29 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mayuree Khongcharoensuk, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/29/70
23C. PHYSICIAN'S NAME (Type): MAYUREE KHONGCHAROENSUK, M.D. DEGREE
23D. ADDRESS: South Baltimore General Hosp. Balto. Md.

24A. BURIAL, CREMATION, REMOVAL (Specify):
24B. DATE: 12-8-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, county) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
26. NAME OF FUNERAL DIRECTOR:
ADDRESS:

VS 150-REV. 1/1/68

NOT MEDICAL EXAMINERS CASE PER DR. MIHALAKIS OF THE MEDICAL EXAMINERS OFFI

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. V-230 70 11911 ~~VEST SCOTT~~ 70-19679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11911

1. NAME OF DECEASED (Type or Print): VEST, SCOTT L.

2. DATE AND HOUR OF DEATH: 12-4-70 4 25/PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL — 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Howard 6300
C. CITY OR TOWN: SIMPSONVILLE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: POST OFFICE BOX 98

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-4-70
9. AGE (In years last birthday): ------ If Under 1 Yr. Months: 1 Days: – If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: LAMAR VEST
14. MOTHER'S MAIDEN NAME: IRIS ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: PARENTS ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 746.3

(A) IMMEDIATE CAUSE: VENTRICULAR SEPTAL DEFECT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 12/4/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: V.S.D.
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16/70 19 70 to 12/4/70 19 that (I) (we) last saw the deceased alive on 12/4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Easton Walker MB.A.B. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/4/70.
23C. PHYSICIAN'S NAME (Type): WILLIAM E. WALKER DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 12/5/70
24C. NAME of CEMETERY or CREMATORY: GARDEN OF MEMORIES
24D. LOCATION (City, town, or county) (State): BELTON S.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Faulkner M.D.
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-322 70 11912

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 11912

1. NAME OF DECEASED (Type or Print): HODGES, Harry Raymond

2. DATE AND HOUR OF DEATH: 12-5-70 10:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO. 5300
C. CITY OR TOWN: Baltimore ESSEX
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 370 Nicholson Road

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-24-19
9. AGE (In years last birthday): 51
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSMAN
10B. KIND OF BUSINESS OR INDUSTRY: NEWS PAPER
11. BIRTHPLACE (State or foreign country): VA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Alfonso Hodges
14. MOTHER'S MAIDEN NAME: Alice Jones
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 4-12-41 to 10-27-45
16. SOCIAL SECURITY NO.: 224-01-33-26
17. INFORMANT: VA Hospital Records ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Intestinal Infarction	1 Day
DUE TO, OR AS A CONSEQUENCE OF:	Myocardial Infarction	3 Days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Mesothelioma With Probable Metestases	
(C)		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from November 25, 19 70 to December 5, 19 70 that (X) (we) last saw the deceased alive on December 5, 19 70 and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kameel F. Farag M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): KAMEEL FARAG MD DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: CREST LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: P. H. Connelly Sons ADDRESS: 2012 Eastern Ave

VS 150-REV. 1/1/68

B-200 70 11913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11913

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BEECHEY, JEAN M.

2. DATE AND HOUR OF DEATH: Decemb. 5, 70 | 8:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto Co. 53-002

C. CITY OR TOWN: Reisterstown

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 114 Cherry Hill Road

5. SEX: Female

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 03-03-27

9. AGE (In years last birthday): 43

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): pennsylvan

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: LAKE MILLER

14. MOTHER'S MAIDEN NAME: Florence Gerhardt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 180-22-6227

17. INFORMANT: Mr. EDWIN BEECHEY ADDRESS: same.

MEDICAL CERTIFICATION

18. 17 4X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cachexia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of breast

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

H.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 30 19 70 to Decemb. 5 19 70 that (I) (we) last saw the deceased alive on Decemb. 5 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Decemb. 5, 70

23C. PHYSICIAN'S NAME (Type): Tohru OHE DEGREE

23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Dec. 8, 1970

24C. NAME of CEMETERY or CREMATORY: Milton Cemetery

24D. LOCATION (City, town, or county) (State): Milton, Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Owings Mills, Md. Eckhardt Funeral Chapel ADDRESS: 356-7676

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-410 70 11914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 11914

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Dalbow, Charles L.

2. DATE AND HOUR OF DEATH: 12/5/70 4:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: VIRGINIA

B. COUNTY: PRINCE WILLIAMS

C. CITY OR TOWN: HAYMARKET

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: BOX 27 V-43

5. SEX: MALE

6. RACE: White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 08-08-12

9. AGE (In years last birthday): 58

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director - Baptist Church

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dalbow, Jonathan

14. MOTHER'S MAIDEN NAME: Hutchinson, Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MURIEL DALBOW ADDRESS: BOX 27 HAYMARKET VA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASVCD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: many years

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/5 1970 to 12/5 1970, that (I) (we) last saw the deceased alive on 12/5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas L. Hurley, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12/5/70

23C. PHYSICIAN'S NAME (Type): Douglas L. Hurley, M.D. DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12/8/70

24C. NAME of CEMETERY or CREMATORY: NATIONAL MEM. PARK

24D. LOCATION (City, town, or county) (State): FALLS CHURCH VA.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: HOWARD H. HUBBARD ADDRESS: 4107 WILKENS AVE BALTO. MD.

VS 150-REV. 1/1/68

1

B-550

70 11915 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11915

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES F. BOWMAN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 8:45 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3848 Quarry Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1348

6. SEX: male

7. RACE: white

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 8/18/25

10. AGE (In years last birthday): 45
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3848 Quarry Ave.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Bowman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Delivery

14B. KIND OF BUSINESS OR INDUSTRY: Hauswald's Bread

15. MOTHER'S MAIDEN NAME: Brothers

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service): - - - - - -

17. SOCIAL SECURITY NO.: 220-22-4413

18. INFORMANT: Mrs. Thelma Bowman ADDRESS: 3848 Quarry Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

398X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rheumatic heart disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: I Mihalakis M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Mt.Zion United Breth. Cem.

24D. LOCATION (City, town, or county) (State): Balto.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Allan Seitz Jr. ADDRESS: 3818 Roland Ave.

VS 151-REV. 1/1/68

C-630 70 11916

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11916

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Lillian Cardeau

2. DATE AND HOUR OF DEATH: 7 32 am 12-6-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View ~~Hospital~~ Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2402
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 425 East Clement St. 21230

5. SEX: Female 6. RACE: White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/7/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Neill

14. MOTHER'S MAIDEN NAME: Theresa Domick.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-05-9016B

17. INFORMANT: Chart ADDRESS

MEDICAL CERTIFICATION

18. 412.24 250.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	cerebral thrombosis with right hemiplegia	10/16/70
DUE TO, OR AS A CONSEQUENCE OF: (B)	Hypertensive CV disease	years
DUE TO, OR AS A CONSEQUENCE OF: (C)	arteriosclerosis generalized	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Diabetes	years

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 70 to 12/6 19 70 that (I) (we) last saw the deceased alive on 12/6 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Macht DEGREE Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐

23B. DATE SIGNED: 12/6/70

23C. PHYSICIAN'S NAME (Type): Allan H. Macht MD DEGREE

23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/9/70

24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State): Ritchie Highway Anne Arundel Md

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Mccully ADDRESS: 130 East Fort ave.

VS 150-REV. 1/1/68

C-536

BIRTH NO. 70 11917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11917

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Hazel Irene Cantrell

2. DATE AND HOUR OF DEATH: Dec, 5, 1970 5:18 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital 3100 Wyman Park Dr. Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1529 Ridgely St.

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: ~~Sept 9~~ 3-8-192
9. AGE (In years last birthday): 58
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. Parker
14. MOTHER'S MAIDEN NAME: Mary L. Fontz
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 217-05-7820
17. INFORMANT: Records - USPHS Hospital
ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of colon — 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Renal failure with hydronephrosis — mos.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from Sept 9 19 70 to Dec 5 19 70 that ~~I~~ (we) last saw the deceased alive on Dec 5 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Dec 6, 1970
23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, M.D. DEGREE
23D. ADDRESS: USPHS Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Tabey M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home
ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

1

B-650 70 11918

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11918

1. NAME OF DECEASED (Type or Print): CHARLES M. BROWN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 7 Year 1970 Hour 10:45 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 0 C 304 S. Gilmor St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1903

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: July 31, 1898

10. AGE (In years lost birthday): 75

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 304 S. Gilmor St.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W Brown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Caroline Weiss

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW 11

17. SOCIAL SECURITY NO. 218-18-8939

18. INFORMANT: Mr John F Brown ADDRESS: Same

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Mihalakis M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Baltimore

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Lahey M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Md

VS 151-REV. 1/1/68

1

70 11919

B-635

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11919

1. NAME OF DECEASED (Type or Print): Raymond LARRY BEARDEN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 5:05 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2652

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: July 24, 1953

10. AGE (in years last birthday): 17

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 4822 Claybury Rd.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David R Bearden

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary D Nice

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: None

18. INFORMANT: Mrs Mary Koerber ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E922.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5115 Plymouth Rd. 2733

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-6-70 1:01 p. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subj. accidentally shot.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Md

VS 151-REV. 1/1/68

N854.1

BIRTH NO. L-356 70 11920

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 11920

1. NAME OF DECEASED (Type or Print): IMOGENE S LATIMER

2. DATE AND HOUR OF DEATH: 12/6/70 17:36 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTO B. COUNTY: Md. 2757
C. CITY OR TOWN (If outside city limits, write RURAL and give township): 2500 Moore Ave. Balto. Md. 21234
D. STREET ADDRESS (If rural, give location): 2500 Moore Ave

5. SEX: F
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 6-26-22
9. AGE (In years last birthday): 48
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leslie A Schuknecht
14. MOTHER'S MAIDEN NAME: Gladys M Molumby

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 485-22-8050
17. INFORMANT: HUSBAND Mr Walter Latimer ADDRESS: Same

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 450 X + 1621

(A) Pulmonary Embolus — Acute Cor Pulmonale massive
DUE TO
(B)
DUE TO
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Avealar cell Ca of ① lung

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-20-70 19 70 to 12/6 19 70, that (I) (we) last saw the deceased alive on 6 December 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bayani B. Elma, MD M.D. — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/6/70
23C. PHYSICIAN'S NAME (Type): BAYANI B. ELMA, M.D. M.D.
23D. ADDRESS: Md. Gen Hosp, 827 Linden Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: John E. Walker, M.D.
25C. FUNERAL DIRECTOR: Leonard J Buck Inc. ADDRESS: Baltimore, Md

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-536 70 11921

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11921

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Marie Jean Snyder

2. DATE AND HOUR OF DEATH: 12/7/70 12:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2506
C. CITY OR TOWN: Balto.,
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 512 Chesapeake Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/30/40
9. AGE (In years last birthday): 30
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Ziolkowski
14. MOTHER'S MAIDEN NAME: Lillian Kendall
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-36-0291
17. INFORMANT: Mr Albert R Snyder
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — 199.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1 1970 to 12/7 1970 that (I) (we) last saw the deceased alive on 12/7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bae Kun Kim DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): Bae Kun Kim DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert Jackson, M.D.
25C. FUNERAL DIRECTOR (Ruck): Leonard J. Ruck Inc.
ADDRESS: Balt. Md.

VS 150-REV. 1/1/68

S-200 70 11922

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11922

1. NAME OF DECEASED (Type or Print): Soika Walter E.

2. DATE AND HOUR OF DEATH: 12/6/70 5.30 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2652

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5302 Todd Avenue

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 06-14-16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Julius Soika

14. MOTHER'S MAIDEN NAME: Anna Yurish

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 166-12-1212

17. INFORMANT: Mrs Helen A Soika (Chart) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. 430.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident

DUE TO, OR AS A CONSEQUENCE OF:

(B) Subarachnoid Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(C) Int/HS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/28 1970 to 12/6 1970 that (I) (we) last saw the deceased alive on 12/6 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I Cheikh DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/6/70

23C. PHYSICIAN'S NAME (Type): ISSAM CHEIKH DEGREE

23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-412 70 11923

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11923

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): P Agnes Phillips

2. DATE AND HOUR OF DEATH: Dec 7, 1970 | 3:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3806 Cedarhurst Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2741
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3806 Cedarhurst Rd

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 2, 1895
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Seamstress
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithunian
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Zelinskas
14. MOTHER'S MAIDEN NAME: Frances Krakauskas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-12-9761
17. INFORMANT: Mr John Phillips
ADDRESS: Same

MEDICAL CERTIFICATION

18. 250.91 - 1928

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Congestive heart failure	2 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Secondary anemia	6 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Diabetes mellitus	? years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Carcinoma of liver — 1 year

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 1970 to Dec. 1970 that (I) (we) last saw the deceased alive on 11/28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): Elliott S Harris M.D. DEGREE
23D. ADDRESS: 8100 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-623 70 11924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11924

1. NAME OF DECEASED (Type or Print): William John Edward Krastel Sr

2. DATE AND HOUR OF DEATH: December 7, 1970 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2815 Louise Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2747

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2815 Louise Ave

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: June 23, 1899

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: American Smelting Refining

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Krastel

14. MOTHER'S MAIDEN NAME: Margaret Houchnick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 212-10-217

17. INFORMANT: Donald W Krastel ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1956

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerotic heart disease — 1957

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Dec 29 1950 to December 7 1970 that (I) (~~we~~) last saw the deceased alive on December 7 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/8/70

23C. PHYSICIAN'S NAME (Type): E.J. Alessi M.D. DEGREE

23D. ADDRESS: 6217 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-420 70 11925

REG. NO. 70 11925

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Margaret M. Walega

2. DATE AND HOUR OF DEATH: Dec. 7, 1970 | 5:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): OD 1642 Jackson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2404

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1642 Jackson St.

5. SEX: Female

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Jan. 21, 1912

9. AGE (In years last birthday): 58

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Nicholas Knoll

14. MOTHER'S MAIDEN NAME: Catherine Dietrich

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Peter J. Walega ADDRESS: 1642 Jackson St.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Coronary Occlusion — Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D. & Coronary — 5 yrs +

DUE TO, OR AS A CONSEQUENCE OF: Insufficiency

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-15 19 67 to 11-10 19 70, that (I) (we) last saw the deceased alive on 11-10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. S. Ellison DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): E. S. Ellison, M.D. DEGREE

23D. ADDRESS: 107 E. West Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12 10 70

24C. NAME of CEMETERY or CREMATORY: Holy Cross

24D. LOCATION (City, town, or county) (State): Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.

25C. FUNERAL DIRECTOR: 9 9 0 7 Mc Cully ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-360

BIRTH NO. 70 11926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11926

1. NAME OF DECEASED (Type or Print): GEORGE H. ROEDER

2. DATE AND HOUR OF DEATH: Dec. 5, 1970 9:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: USA. 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 8905 Omaha Ave. (36)

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/8/12 9. AGE (In years last birthday): 58 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bakery
10B. KIND OF BUSINESS OR INDUSTRY: Stifel Bakery

11. BIRTHPLACE (State or foreign country): Baltimore, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Roeder
14. MOTHER'S MAIDEN NAME: Mary Zeltz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 212-10-6601
17. INFORMANT: Elsie Roeder (wife) ADDRESS: 8905 Omaha Ave. Balto. MD. (36)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unk.
DUE TO, OR AS A CONSEQUENCE OF: Debility from old cerebrovascular accident
(B) DUE TO, OR AS A CONSEQUENCE OF: several months
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Congestive Heart Failure Cerebrovascular Disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 29 1970 to Dec 5 1970 that (I) (we) last saw the deceased alive on Dec. 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando Mendoza DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12/5/70
23C. PHYSICIAN'S NAME (Type): ROLANDO MENDOZA M.D. DEGREE
23D. ADDRESS: 180 N. Broadway, Balto., MD. (31)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7101 Belair Rd. 21236

VS 150-REV. 1/1/68

B-626

BIRTH NO. 70 11927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11927

1. NAME OF DECEASED (Type or Print): Rebecca B. Barker

2. DATE AND HOUR OF DEATH: Dec 5, 1970 10:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital 3100 Wyman Park Dr. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Ohio

B. COUNTY: V-32

C. CITY OR TOWN: Rocky River

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 22419 Lake Rd. 44116

5. SEX: Female

6. RACE: Caucasian

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Dec. 29, 1904

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10B. KIND OF BUSINESS OR INDUSTRY: EDUCATION

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bartholomew

14. MOTHER'S MAIDEN NAME: Mary Yarger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 198-28-8925

17. INFORMANT: Records - USPHS Hospital, Baltimore, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cardiovascular disease — yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Lymphosarcoma — 5 yrs.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from Nov 23 19 70 to Dec 5 19 70 that ~~I~~ (we) last saw the deceased alive on Dec 5 19 70 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Dec 6, 1970

23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, M.D. DEGREE

23D. ADDRESS: USPHS Hospital, Baltimore, Md.

24A. ~~BURIAL~~ CREMATION, ~~REMOVAL~~ (Specify): CREMATION

24B. DATE: 12-7-70

24C. ~~NAME of CEMETERY~~ or CREMATORY: CEDAR HILL

24D. LOCATION (City, town, or county) (State): WASHINGTON, D.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 8 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: W. Burton Bradley, Baltimore, Md ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-400

ROWLEY, ELIZABETH R 70 11938
1507 BYRD ST. MU5-6595 MED REC
BIRTH NO. 1-12-70 NO.18-4815 9.30PM
BS65 1/76 7-23-94

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11938

1. NAME OF DECEASED (Type or Print) Rowley, Elizabeth J.

2. DATE AND HOUR OF DEATH 12/6/70 9:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) North Charles General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 1507 Byrd St.

2404

5. SEX F 6. RACE Cauc. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 7/23/94 9. AGE (In years last birthday) 76 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (State or foreign country) Scotland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas McKee 14. MOTHER'S MAIDEN NAME Margaret Houston

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. — 17. INFORMANT Mr. Carl E. Rowley ADDRESS 302 Grove Park Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1½ hr.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cerebrovascular Accident — 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) B

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Chronic myeloid leukemia

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 70 to 12/6 19 70 that (I) (we) last saw the deceased alive on 12/6 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Russell C. Lupkin MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED 12/6/70

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS 2235 Rogene Dr. Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 12 10 70 24C. NAME of CEMETERY or CREMATORY Cedar Hill 24D. LOCATION (City, town, or county) (State) Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970 25B. NAME OF REGISTRAR Robert E. Jackson 25C. FUNERAL DIRECTOR Mc Cully ADDRESS 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. A written approval must be obtained before the remains are embalmed or final disposition is made.

F-500 70 11929

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11929

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JAMES P. FINN

2. DATE AND HOUR OF DEATH: December 7, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1612 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 301
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1612 Eastern Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 18, 1908
9. AGE (In years last birthday): 62
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Finn
14. MOTHER'S MAIDEN NAME: Margaret Curtin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW II (If yes, give war or dates of service): 2/18/42 12/15/45
16. SOCIAL SECURITY NO.: 213-14-0003
17. INFORMANT: Mrs Ceclia Lopez ADDRESS: 604 S. Chapel Street

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 492X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Pulmonary Edema — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Severe Emphysema — 10 +
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Cor Pulmonale — 10 +

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-7 1970 to 12-7 1970, that (I) (we) last saw the deceased alive on 12-7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theo. T. Nizenik MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12-8-70
23C. PHYSICIAN'S NAME (Type): Theo. T. NIZENIK DEGREE
23D. ADDRESS: 429 S Chester St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-1970
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

1
W-630

70 11930 BALTIMORE CITY HEALTH DEPARTMENT 70 11930

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Wesley Ward

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 8 Year 70 Hour 4:00 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2798

6. SEX: male

7. RACE: colored

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 7/15/1929

10. AGE (In years last birthday): 41

If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 3512 Oakmont Ave.

11. BIRTHPLACE (State or foreign country): Gloucester, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton Burrell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fork Lift Op.

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Ida Ward

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 224-38-3992

18. INFORMANT: Dorathy Cook, 3512 Oakmont Ave. ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 12/8/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/13/70

24C. NAME of CEMETERY or CREMATORY: Zion Hill Baptist

24D. LOCATION (City, town, or county) (State): Gloucester, Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Kenneth H. Law ADDRESS: 4609 Park Heights Ave.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11931

BIRTH NO. 3-120 70 11931

1. NAME OF DECEASED (Type or Print): GIBBS MARIE

2. DATE AND HOUR OF DEATH: 12/5/70 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 1002

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 904 N. CENTRAL AVE

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-26-08 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aid

10B. KIND OF BUSINESS OR INDUSTRY: J. H. Hosp.

11. BIRTHPLACE (State or foreign country): BALTO. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN GIBBS

14. MOTHER'S MAIDEN NAME: ROSETTA TYLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-9831

17. INFORMANT: Cora Jenkins ADDRESS:

MEDICAL CERTIFICATION

18. 250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: thrombotic cerebro-vascular accident — 12 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) orthostatic hypotension

DUE TO, OR AS A CONSEQUENCE OF:

(C) diabetes mellitus

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Anemia, pulmonary edema

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23 1970 to 12/5 1970, that (I) (we) last saw the deceased alive on 12/5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James C. Bobrow M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/5/70

23C. PHYSICIAN'S NAME (Type): James C. Bobrow MD DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/9/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Lasky, M.D.

25C. FUNERAL DIRECTOR: Joseph L. Locks Jr. ADDRESS: 1304 N. Gendlow

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 11932

W-623

BIRTH NO. 68-19986

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11932

1. NAME OF DECEASED (Type or Print): TRACY WRIGHT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month ___ Day ___ Year ___ Hour ___ M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 8 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Maryland B. COUNTY 807

35/99

6. SEX: female

7. RACE: negro

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH:

10. AGE (In years last birthday): 2

If Under 1 Yr. or Under 24 Hrs. Months ___ Days ___ Hours ___ Min. ___

E. STREET AND NUMBER: 1702 Llewelyn Ave.

68-19986
10-9-68

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Diane Wright

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Grace Howard ADDRESS: 1219 N. Central Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E890X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carbon monoxide poisoning

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1702 Llewelyn Ave. 807

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-6-70 7:35 a m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subj. trapped in house fire.

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: J Mihalakis M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. County, Md

25A. DATE REC'D BY HEALTH DEPT: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Sabes, M.D.

25C. FUNERAL DIRECTOR: Joseph M. Locke Jr. ADDRESS: 1304 N. Central Ave

VS 151-REV. 3/1/68

N986X

S-620

70 11933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11933

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANTHONY J. SOARES

2. DATE AND HOUR OF DEATH: 12/7/20 3:11 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 833

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2435 E. BIDDLE ST.

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 08-18-13

9. AGE (In years last birthday): 57 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: GOEZTE MEATS

11. BIRTHPLACE (State or foreign country): PROVIDENCE Rhode Island

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ANTONIO SOARES

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: CHRISTINE SOARES ADDRESS: 2435 E. Biddle St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarct

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD, H/O Angina

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/7 1920 to 19 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard L. Taw Jr. M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/7/20

23C. PHYSICIAN'S NAME (Type): RICHARD L. TAW JR. M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/12/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): A.A. County, Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Joseph D. Locke Jr. ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

NON MED. DR. SPITZ OF THE M.E.S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-43-97 djs

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-623 70-14358 70 11934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11934

1. NAME OF DECEASED (Type or Print): James F. Brogdon

2. DATE AND HOUR OF DEATH: 11/30/70 9:12 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 105
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 2217 East Pratt Street 21231

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-12-70
9. AGE (In years last birthday): If Under 1 Yr. Months: 3 Days: Hours: If Under 24 Hrs. Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jack
14. MOTHER'S MAIDEN NAME: Mary Webster
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): hydrocephaly — 3½ mo.

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 28 19 70 to Nov. 30 19 70, that (I) (~~we~~) last saw the deceased alive on Nov 30 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Dwight Cramer M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11/30/70
23C. PHYSICIAN'S NAME (Type): Dwight Cramer M.D. DEGREE
23D. ADDRESS: 4940 Eastern Avenue Baltimore, Baltimore City Hospitals Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Oakland
24B. DATE: 12/1/70
24C. NAME of CEMETERY or CREMATORY: Oakland
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.
25C. FUNERAL DIRECTOR: Joseph M. Zamora
ADDRESS: 263 S. Conkling St

VS 150-REV. 1/1/68

M-460 70 11935

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11935

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MUELLER, MARIE C.

2. DATE AND HOUR OF DEATH: 12/7/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GENERAL GERMAN AGED HOME 90 22 SO ATHOL AVENUE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 2864
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 22 ATHOL AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: JUNE 6, 1882
9. AGE (In years last birthday): 88
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EMIL J LOOS
14. MOTHER'S MAIDEN NAME: ELENORE BECHT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: GERMAN AGED HOME ADDRESS: 22 ATHOL AVENUE

MEDICAL CERTIFICATION

18. 412.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardiac arrhythmia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Generalized Arteriosclerosis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 19 70 to 7 Dec 19 70 that (I) (we) last saw the deceased alive on 7 Dec 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William J. Bryson M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8 Dec 70.
23C. PHYSICIAN'S NAME (Type): WILLIAM J BRYSON DEGREE
23D. ADDRESS: 4605 EDMONDSON AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: PARKWOOD
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.
25C. FUNERAL DIRECTOR: WITZKE, ADDRESS: 4101 EDMONDSON AVE. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11936

BIRTH NO. M-300 70 11936

1. NAME OF DECEASED (Type or Print): Jon T. Moody

2. DATE AND HOUR OF DEATH: 12/7/70 2:30 PM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 513

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2400 Loyola Northway

5. SEX: Male

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/7/63

9. AGE (In years last birthday): 7

If Under 1 Yr. Months Days / If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Moody

14. MOTHER'S MAIDEN NAME: Joyce Brooks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Joyce Moody ADDRESS: 2400 Loyola Northway

CAUSE OF DEATH

1B. 19215

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Neuroblastoma of Right Adrenal — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 5/4/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Neuroblastoma

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 16 1970 to Dec. 7 1970, that (I) (we) last saw the deceased alive on Dec 7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul A. Shurin MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Paul A. Shurin DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: WM C MARCH ADDRESS: 928 E North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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S 552

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11937 REG. NO. 70 11937

1. NAME OF DECEASED (Type or Print): HELEN P. SIMMONS

2. DATE OF DEATH: Known [X] Estimated [ ] Month December Day 2 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month December Day 2 Year 1970 Hour 5:32 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 21 N. Chester Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 604

6. SEX: Female
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 1-24-24
10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 21 N. Chester Street

11. BIRTHPLACE (State or foreign country): Not Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
17. SOCIAL SECURITY NO. 236-32-4335
18. INFORMANT: 21 N. Chester St ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: December 3, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): Annapolis Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Rudolph H. Cunnell
ADDRESS: Baltimore Md

VS 151-REV. 1/1/68

W4521

W-452

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 11938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11938

1. NAME OF DECEASED (Type or Print): (Luemealure) LEUMEALURE (Williams) WILLIAMSON

2. DATE AND HOUR OF DEATH: Dec. 4, 1970 10 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~BA~~ MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2533 ARUNAH AVE 1605

5. SEX: F
6. RACE: N.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/14/98
9. AGE (In years last birthday): 72 | If Under 1 Yr. Months | Days | Hours | Min. | If Under 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Isaac Benjamin
14. MOTHER'S MAIDEN NAME: Hariett Benjamin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214 26 0241
17. INFORMANT: Mrs. Catherine Wyatt ADDRESS: 4739 Wrenwood Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Basilar Artery CVA — 3wk
DUE TO, OR AS A CONSEQUENCE OF:

(B) HASCVD — 30 yr
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus — 30 yr

4/2.21 + 250.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 1 19 70 to Dec 4 19 70, that (I) (we) last saw the deceased alive on Dec 4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald L. Trump MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): DONALD L. TRUMP MD DEGREE
23D. ADDRESS: 601 N. BROADWAY BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-8-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Lahey, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

M 2401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11939 REG. NO. 70 11939

1. NAME OF DECEASED (Type or Print): ANNA C. MICHAEL

2. DATE AND HOUR OF DEATH: December 6, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 KENESAW NURSING HOME 2601 Roslyn Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1502
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1935 W. North Avenue

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12-3-1902 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackstone, Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carey Edmonds 14. MOTHER'S MAIDEN NAME: Channie Edmonds

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Sarah B. Moten ADDRESS: Bronx, New York 880 Boynton Avenue

MEDICAL CERTIFICATION

18. 436.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Cerebral hemorrhage, recurrent — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerosis & hypertension — ? yrs.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). None known

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from About mid-1969 19 to Dec. 6, 1970 19 that (I) (we) last saw the deceased alive on Dec. 5, 1970 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robt. B. Wright DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: Dec. 7, 1970

23C. PHYSICIAN'S NAME (Type): Robt. B. Wright DEGREE 23D. ADDRESS: Medical Arts Bldg. Baltimore, Md. 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-10-70 24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park 24D. LOCATION (City, town, or county): Baltimore (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 25B. NAME OF REGISTRAR: Robert E. Farley M.D. 25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G 635

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11940 REG. NO. 70 11940

1. NAME OF DECEASED (Type or Print): EDDIE L. GORDON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 4 Year 1970 Hour 4:30 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
FULL NAME OF HOSPITAL OR INSTITUTION: St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 16 02

6. SEX: male

7. RACE: negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12-1-47

10. AGE (in years last birthday): 23

If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1401 Winchester St.

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Gordon

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): janitor

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary Martin

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mary Gordon-mother-same address ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

E965 X

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Cedar Rd. and Hilltop 2080' n. Owen BROWN RD. 3300

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-3-70 app. 10:57 a.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subj. shot several times.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 12-5-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-10-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: Delon F. V. Bailey ADDRESS: 1348 N. Calhoun St.

VS 151-REV. 1/1/68

N 907.1

sab-53-69-12 1
W 426

70 11941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11941

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VAN L. WALKER

2. DATE AND HOUR OF DEATH: 12/7/70 3:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2716

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2555 West Cold Spring Lane 21215

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-22-39

9. AGE (In years last birthday): 31

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): huskter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Walker

14. MOTHER'S MAIDEN NAME: Inez Moyer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 230-40-5037

17. INFORMANT: Records: BCH-4940 Eastern Avenue

ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: UREMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) POST STREPTOCOCCAL GLOMERULO NEPHRITIS — 18 mo

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/27 1970 to 3:30 am 12/7 1970 that (I) (we) last saw the deceased alive on 12/6 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert L. Stevenson Jr. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Robert Stevenson Jr. DEGREE

23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-11-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Tallon, M.D.

25C. FUNERAL DIRECTOR: Kelson F. H. V. Bailey

ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P630

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11942 REG. NO. 70 11942

1. NAME OF DECEASED (Type or Print): Sallie Pratt

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 7 Year 70 Hour 4:20 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1370 N. Stricker St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1370 N. Stricker St.

6. SEX: female 7. RACE: colored 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 11-11-99 10. AGE (In years last birthday): 71 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Delaware 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT: James Rodgers ADDRESS: 1370 Stricker St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 485 X

(A) Bilateral bronchopneumonia
IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION: 20 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner DATE SIGNED 12/8/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-11-70 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem. 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Kelson F.H. ADDRESS: 1348 Calhoun St.

VS 151-REV. 1/1/68

58-01-45 TB 1

J-520 70 11943

BIRTH NO. 70-20720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11943

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Jones, ~~Gwendolyn~~

2. DATE AND HOUR OF DEATH: 11/22/70 2:00A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital, 4940 Eastern Ave. Balto., Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 28-34
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5029 W. Hills Road 21229

5. SEX: Male 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/22/70 9. AGE (In years last birthday): 0 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min. 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Gwendolyn Jones
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records ADDRESS: 4940 Eastern Avenue Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: immaturity
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21 19 70 to 11/22 19 70 that (I) (we) last saw the deceased alive on 11/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G Shapiro DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11/22/70
23C. PHYSICIAN'S NAME (Type): GAIL SHAPIRO DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Feeney M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL ADDRESS

VS 150-REV. 1/1/68

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F-436 70-21557 70 11944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 5870 11944 4

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Feller, (Violetta) BABY GIRL

2. DATE AND HOUR OF DEATH: 12/2/70 6 p. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hosp
4940 Eastern Avenue, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 23-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 927 Leadenhall Street 21230

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-2-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: Hours: 6 Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Violette Curtis
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records: BCH-4940 Eastern Avenue 21224 ADDRESS

MEDICAL CERTIFICATION

18. 776.21 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Respiratory Distress Syndrome
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/2 1970 to 12/2 1970 that (I) (we) last saw the deceased alive on 12/2 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2
23C. PHYSICIAN'S NAME (Type): Ed. Mazz DEGREE
23D. ADDRESS: Balto. City Hospital 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 12-3-70
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Lackey M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-240

70 11945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11945

1. NAME OF DECEASED (Type or Print): SIEGEL, SOPHIE THIELE

2. DATE AND HOUR OF DEATH: DECEMBER 7, 1970 | 11:30P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 21229 28-54

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5150 EDMONDSON AVE.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10 17 86

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JULIUS H. THIELE

14. MOTHER'S MAIDEN NAME: EMMA (MAYER)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-1083B

17. INFORMANT: WILKENS AVES. BALTO. MD 21229 ST. AGNES HOSPITAL RECORDS-CATON &

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 427.0 ~~193~~ Congestive heart failure

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: —

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Metastatic lesion both lung from cancer of thyroid gland — 3 years

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DECEMBER 2 19 70 to DECEMBER 7 19 70 that (I) (we) last saw the deceased alive on DECEMBER 7 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Mangsombut MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 12.

23C. PHYSICIAN'S NAME (Type): JESADA MEANGSOMBOT MD DEGREE

23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-10-70

24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 9

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: WEBER FUNERAL HOME

ADDRESS: 5311 EDMONDSON AVE

VS 150-REV. 1/1/68

L-330 70 11946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11946

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charlotte M. Ladata
MRS. CHARLOTTE M. LADATA

2. DATE AND HOUR OF DEATH 12/8/70 2:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
CHURCH HOME & HOSPITAL
BALTIMORE, MARYLAND 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY Baltimore 53-00
C. CITY OR TOWN Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 1917 Barry Road
1917 BARRY ROAD

5. SEX Female
6. RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH 2/11/28
9. AGE (In years last birthday) 42
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher
10B. KIND OF BUSINESS OR INDUSTRY Truck Co.
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME Adolph Ei
14. MOTHER'S MAIDEN NAME Anna Nemsick

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT JOSEPH LADATA ADDRESS SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

070X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE HEPATIC FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) FULMINATING VIRAL HEPATITIS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No) Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/8 19 70 to 12/8 19 70 that (I) (we) last saw the deceased alive on 12/8 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE A.C. Chouvalit, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 12/8/70
23C. PHYSICIAN'S NAME (Type) A.C. CHOUVALIT DEGREE
23D. ADDRESS Church Home & Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Removal Burial
24B. DATE 12-11-70
24C. NAME of CEMETERY or CREMATORY Hamlin Cemetery
24D. LOCATION (City, town, or county) (State) Hamlin, Wayne Co., Pennsylvania

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970
25B. NAME OF REGISTRAR Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-400 70 11947

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11947

1. NAME OF DECEASED (Type or Print) Ronald F. Noel
Ronald Noel

2. DATE AND HOUR OF DEATH 12/7/70 645 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 8126 Mid Haven Road

5. SEX Male
6. RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7/30/34
9. AGE (In years last birthday) 36
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fork Lift Driver
10B. KIND OF BUSINESS OR INDUSTRY Lever Brothers
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew F. Noel
14. MOTHER'S MAIDEN NAME Jessie Tyler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-30-3711
17. INFORMANT Wife: Mrs. Juanita L. Noel
ADDRESS 8126 Mid Haven Road Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Partial Small Bowel Obst — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 mos
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Ca of Stomach — 14 mos
DUE TO, OR AS A CONSEQUENCE OF
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 10/17/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Obstruction
20A. AUTOPSY? (Yes or No) NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 1967 to 12/7 1970, that (I) (we) last saw the deceased alive on 12/7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Wm J. Anderson MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 12/7/70
23C. PHYSICIAN'S NAME (Type) William J. Anderson MD DEGREE
23D. ADDRESS Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 12-10-70
24C. NAME of CEMETERY or CREMATORY Gardens of Faith
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970
25B. NAME OF REGISTRAR Robert E. Tabor, M.D.
25C. FUNERAL DIRECTOR John J. Duda
ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-630 70 11948

REG. NO. 70 11948

1. NAME OF DECEASED (Type or Print): Joseph E. Britti — JOSEPH E. BRITTI

2. DATE AND HOUR OF DEATH: December 7, 1970 | 5:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL — Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND — B. COUNTY: Baltimore 53-00

C. CITY OR TOWN: Dundalk — BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2104 Willow Spring Rd. — 2104 Willow Spring Road

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/30/18

9. AGE (In years last birthday): 52

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insulation installer

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Britti,

14. MOTHER'S MAIDEN NAME: Elizabeth Whismer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-14-2258

17. INFORMANT (Wife) ADDRESS: 2104 Willow Spring Rd. — Mrs. Dorothy S. Britti, Dundalk, Md. 21222

CAUSE OF DEATH

MEDICAL CERTIFICATION

I — 1B. 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF:

(B) ? Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cardiac catherization and/or Severe arteriosclerotic disease.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 12/7/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ASCVD

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from December 5 1970 to December 7 1970, that (I) (~~we~~) last saw the deceased alive on December 7 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Robert A Adler, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Robert A. Adler M.D. DEGREE

23D. ADDRESS: Johns Hopkins Hospital Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/11/70

24C. NAME of CEMETERY or CREMATORY: Sacred Heart of Jesus Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Rose E. Talley, R.R.

25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

137 70 12 BRITTI, JOSEPH E

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

NON MED PER DR. SPITZ M.E.

H-400

70 11949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11949

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Donna G. Hall — MRS. HALL, DONNA G.

2. DATE AND HOUR OF DEATH: 12-6-1970 — 2:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND — B. COUNTY: Baltimore — G 53-00

C. CITY OR TOWN: REISTERSTOWN — D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 302 ESTATE ROAD

44

5. SEX: Female — 6. RACE: White — 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-28-28 — 9. AGE (In years last birthday): 42 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk — 10B. KIND OF BUSINESS OR INDUSTRY: Drugstore

11. BIRTHPLACE (State or foreign country): KENTUCKY — 12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: RAYMOND E. DOWDY — 14. MOTHER'S MAIDEN NAME: RUBY BAILEY

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO. 224-24-7821

17. INFORMANT: ADMISSION HISTORY SHEET — ADDRESS: UNION MEM. HOSP.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

2580

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM

DUE TO, OR AS A CONSEQUENCE OF:

(B) POST-OPERATIVE BILATERAL ADRENALECTOMY

~~DUE TO, OR AS A CONSEQUENCE OF:~~ FOR

(C) CUSHING'S SYNDROME

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 12. 1. 1970 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CUSHING'S SYNDROME — 20A. AUTOPSY? (Yes or No): NO — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12. 1. 1970 to 12. 6. 1970 that (I) (~~we~~) last saw the deceased alive on 12. 6. 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Ramnath Rau — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 12. 6. 1970

23C. PHYSICIAN'S NAME (Type): DR RAMNATH RAU — DEGREE — 23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 12-9-70 — 24C. NAME of CEMETERY or CREMATORY: Gardens of Faith — 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 — 25B. NAME OF REGISTRAR: Robert E. Tasker, M.D. — 25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-252 70 11950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11950

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Felix Bochenick, Sr. FELIX BOCHENICK

2. DATE AND HOUR OF DEATH Dec. 6, 1970 | 5:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Church Home & Hospital CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY Baltimore

C. CITY OR TOWN Edgemere BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER P.O. Box 6541 (19)

5. SEX Male 6. RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 11/24/10 9. AGE (In years last birthday) 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipyard worker 10B. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (State or foreign country) Pennsylvania Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Bochenick Joseph Bochenick

14. MOTHER'S MAIDEN NAME Louise Kava Louise Kava

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 216-10-4656.

17. INFORMANT (Wife) P.O. Box 6541 ADDRESS Mrs. Virginia Bochenick, Balto. Md. 21219

MEDICAL CERTIFICATION

18. 162.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE Acute Respiratory Insufficiency — few days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Recurrent Bronchogenic Carcinoma — unk.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pneumonia, (1) Lung — few days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 2 1970 to Dec. 6 1970 that (I) (we) last saw the deceased alive on Dec. 6 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Rolando Mendoza DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED 12/6/70

23C. PHYSICIAN'S NAME (Type) ROLANDO MENDOZA, MD DEGREE 23D. ADDRESS 100 N. Broadway, Balto., Md. (31)

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 12/9/70 24C. NAME of CEMETERY or CREMATORY Oak Lawn Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970 25B. NAME OF REGISTRAR Robert E. Talley, M.D. 25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-626 70 11951

REG. NO. 70 11951

1. NAME OF DECEASED (Type or Print): Joseph M. Dregier, Sr. JOSEPH DREGIER

2. DATE AND HOUR OF DEATH: 12/05/70 4:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): FRIEDLER'S GUEST HOUSE 2449 SHIRLEY AVE - 21215

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 27-41

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4900 BELAIR RD

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 2-22-70 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed

10B. KIND OF BUSINESS OR INDUSTRY: Candy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Dregier

14. MOTHER'S MAIDEN NAME: Pelage

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-30-2515

17. INFORMANT: Son: Mr. Daniel Dregier ADDRESS: 1209 Oak Croft Drive Lutherville, Md. 21093

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

4/12/3

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF: Auricular fibrillation

(B) None

DUE TO, OR AS A CONSEQUENCE OF:

(C) None

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 Months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 20 1970 to Dec 5 1970, that (I) (~~we~~) last saw the deceased alive on Dec 5 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Dec 5, 1970

23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D. DEGREE

23D. ADDRESS: 6101 Park Heights Ave. Balto-15 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-9-70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 2829 Hudson St. Balto. Md. 21224

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E 1631

70 11952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11952

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (THERESA EBERT) Ebert, Theresa

2. DATE AND HOUR OF DEATH 12/6/70 3:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

44 Union memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore 9-08

C. CITY OR TOWN Baltimore 21218 D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER (90) Sherwood Avenue

5. SEX Female 6. RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH Jan 20 1877 9. AGE (In years last birthday) 93 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Pietroff

14. MOTHER'S MAIDEN NAME Margaret Menneger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No Unknown

16. SOCIAL SECURITY NO. 220-48-3141 J

17. INFORMANT Mrs. Robert Belt (niece) ADDRESS 24 Township Rd. Baltimore MD. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Bronchogenic

DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of the lung

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Rostam Alghalin

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/01/70 1970 to 12/06/70 1970 that (I) (we) last saw the deceased alive on 12/06/70 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE H. Earl Cotman, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 12/06/70

23C. PHYSICIAN'S NAME (Type) H. EARL COTMAN, M.D. DEGREE

23D. ADDRESS Union memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE Dec. 10. 1970

24C. NAME of CEMETERY or CREMATORY Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970

25B. NAME OF REGISTRAR Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. ADDRESS Baltimore Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L2201

70 11953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11953

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS PETER LUCAS

2. DATE AND HOUR OF DEATH: December 5, 1970 | 12:43 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 12-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 409 Bretton Place - 21218

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: June 20, 1902

9. AGE (In years last birthday): 68

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10B. KIND OF BUSINESS OR INDUSTRY: Mgr.

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Lucas

14. MOTHER'S MAIDEN NAME: Katherine Rountzounis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-01-2697

17. INFORMANT: Mrs. Novella H. Lucas

ADDRESS: 409 Betton Pl-18

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 410.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Coronary thrombosis — 5 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/5 1967 to 12/5 1970, that (I) (~~we~~) last saw the deceased alive on 11/11 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: N. R. Freeman Jr MD — DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Norman Freeman, M.D. — DEGREE

23D. ADDRESS: 11 W. Twenty-ninth St. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE:

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Fabian M.D.

25C. FUNERAL DIRECTOR: H. Sander & Sons, Inc.

ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OK by Coroner's Office - Mr. Gregory

G 164 1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11954 70-11464 REG. NO. 70 11954

1. NAME OF DECEASED (Type or Print): (SABRINA MARIE GABRIEL) SABRINA GABRIEL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day 6 Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 10:30 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3/ City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto 53-00
C. CITY OR TOWN: Dundalk 21222
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6725 Thruway

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: July 2.1970
10. AGE (In years last birthday): 0
If Under 1 Yr. If Under 24 Hrs. Months 5 Days 2 Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Vaughn Howard Gabriel

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mary Margaret Catalanio

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: none
18. INFORMANT: Mr. & Mrs. Vaughn H. Gabriel ADDRESS: 6725 Thruway, Dundalk Md. 21222

MEDICAL CERTIFICATION

19. E861X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock and peritonitis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) perforation of stomach during Lavage
DUE TO, OR AS A CONSEQUENCE OF:

(C) Shampoo ingestion

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 6725 Thruway 53-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-6-70 a. m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Ingested shampoo

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: I. Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 9.1970
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. ADDRESS: Baltimore Md.

VS 151-REV. 1/1/68

N 984,0

Letter from M.E.'s office 1-18-71 M.H.

1

70 11955

S-416

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11955

1. NAME OF DECEASED (Type or Print): CHARLES SCHLAFFER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 5:20 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
34 Bon Secours Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2227 Ramsey St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: Nov. 20, 1894
10. AGE (In years last birthday): 76
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Schlaffer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: Mary Schliet

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 218-10-3679
18. INFORMANT: John J. Schlaffer ADDRESS: 8065 Streeper St. Balto.

MEDICAL CERTIFICATION

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Isidore Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/10/1970
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Foley
25C. FUNERAL DIRECTOR: George L. Schwab, Inc.
ADDRESS: 2101 Fred Ave Baltimore, Md.

VS 151-REV. 1/1/68

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70 11956

W-363

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11956

48/99

1. NAME OF DECEASED (Type or Print): EVELYN WHITWORTH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 7 Year 1970 Hour 11:25 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: female

7. RACE: negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: May 5, 1940

10. AGE (In years last birthday): 40 ?
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 637 N. Paca St.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Pasco

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Susie Mae Wilford

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service):

17. SOCIAL SECURITY NO.:

18. INFORMANT: Shelia Parker ADDRESS: 4007 Hilton Rd.

MEDICAL CERTIFICATION

19. 571.8

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of the liver

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-12-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Joseph E. Dickson ADDRESS: 1129 Caroline St.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-536 70 11957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11957

1. NAME OF DECEASED (Type or Print): GUENTHER, HARRY CHARLES

2. DATE AND HOUR OF DEATH: DECEMBER 6, 1970 | 4:45A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL, CATON & WILKENS AVENUES, BALTIMORE, MARYLAND 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE Co. 21227 53-00
C. CITY OR TOWN: ~~XXXXXXXXXXX~~ ARBUTUS
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 103 WAELCHLI AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/12/84
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY-TREASURER
10B. KIND OF BUSINESS OR INDUSTRY: Wm. F. Zeller Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JULIUS GUENTHER
14. MOTHER'S MAIDEN NAME: ELIZABETH (GUENTHER)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-8086
17. INFORMANT: BALTO MD 21229 ADDRESS: ST AGNES RECORDS CATON & WILKENS AVES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular
DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Many years.

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 30 1970 to DECEMBER 6 1970 that (I) (we) last saw the deceased alive on DECEMBER 6 1970 and that to the best of my knowledge (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Chittchang DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12.6.70.
23C. PHYSICIAN'S NAME (Type): S. CHITTCHANG, M.D. DEGREE
23D. ADDRESS: BALTO MD 21229 ST AGNES HOSPITAL, CATON & WILKENS AVES

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Rose E. Fabian, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

L-160

BIRTH NO. 70 11958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11958

1. NAME OF DECEASED (Type or Print): Gertrude Luber

2. DATE AND HOUR OF DEATH: 12/5/70 10:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 26-10

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 126 S. East Ave

5. SEX: F 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb 22, 1913 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clement Floyd

14. MOTHER'S MAIDEN NAME: Rose Montgomery

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213 26 3946

17. INFORMANT: Mr. Ellwood J. Luber ADDRESS: 126 S. East Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septic Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few days

DUE TO, OR AS A CONSEQUENCE OF: Pelvic Cellulitis

(B) DUE TO, OR AS A CONSEQUENCE OF: — several yrs.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Upper Gastrointestinal Tract Bleeding — few hrs

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 20 1970 to Dec 5 1970 that (I) (we) last saw the deceased alive on Dec 5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando Mendoza DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12/5/70

23C. PHYSICIAN'S NAME (Type): ROLANDO MENDOZA, M.D. DEGREE

23D. ADDRESS: 100 N. Broadway Balto. MD. (31)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/8/70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.

25C. FUNERAL DIRECTOR: John A. Monan, Inc. ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-430 70 11959

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11959

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Virginia P. Mellott

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: — Day: — Year: — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 12 Day: 3 Year: 70 Hour: 5:05 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 609 Maude Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 25-34

6. SEX: female
7. RACE: white
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Jan. 30,1920
10. AGE (In years last birthday): 50
If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:
E. STREET AND NUMBER: 609 Maude Ave.

11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Dull

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Home
15. MOTHER'S MAIDEN NAME: Grace Nicodemus

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr. Jesse F. Mellott ADDRESS: Same

MEDICAL CERTIFICATION

19. 492 X 303.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary emphysema
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Alcohol and Doriden intoxication

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/4/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/7/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge
24D. LOCATION (City, town, or county) (State): Elkridge, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 151-REV. 1/1/68

P-232 70 11960

BIRTH NO. 64-05400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11960

1. NAME OF DECEASED (Type or Print): LORI ANN POSWIATOWSKY

2. DATE AND HOUR OF DEATH: DEC. 3, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTO. CITY HOSP.

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTO. Co. 53-00

C. CITY OR TOWN: ESSEX D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 309 UPPER LANDING RD.

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: FEB 13, 1964 9. AGE (In years last birthday): 6 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Set~~

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RAYMOND POSWIATOWSKY

14. MOTHER'S MAIDEN NAME: CAROLYN SHANEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: PARENTS ADDRESS: ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 170.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Osteogenic Sarcoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1970 to Dec. 1970, that (I) (we) last saw the deceased alive on 11/30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Herbert Kaiser M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Herbert KAIZER, M.D. DEGREE

23D. ADDRESS: Dept. of Pediatrics, Johns Hopkins Hosp. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12/7/70 24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS 24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: J. G. COMPELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RELEASED ON APPROVAL BY DR. MAHALIKIS OF M.E. OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-635 70 11961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11961

1. NAME OF DECEASED (Type or Print): Martin, John F.

2. DATE AND HOUR OF DEATH: 7 December 1970 | 1:05 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO CO 53-00
C. CITY OR TOWN: BOWLEYS QUARTERS ~~Baltimore~~
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt. #14, Box 654

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-7-13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: OIL
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Martin
14. MOTHER'S MAIDEN NAME: Carrie Strohecker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-5835
17. INFORMANT: ELEANOR MARTIN
ADDRESS: ABOVE

CAUSE OF DEATH

18. 395.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) IMMEDIATE CAUSE: MYOCARDIAL FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

AORTIC STENOSIS

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CARDIOPULMONARY BYPASS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 12/7/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GOOD
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/2/70 19 70 to 12/7 19 70, that (I) (we) last saw the deceased alive on 12/7 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W H Mitchell DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): WILLIAM H. MITCHELL DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/10/70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: J. G. COTANELLI SONS
ADDRESS: 300 MACE

VS 150-REV. 1/1/68

K-500 70 11962

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11962

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): M. Anna Kohne

2. DATE AND HOUR OF DEATH: December 4, 1970 | 6 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Wesley Home, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-55
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2211 West Rogers Avenue

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11 May 1871
9. AGE (In years last birthday): 99
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Glock
14. MOTHER'S MAIDEN NAME: Anna K. M. Vogding

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218 52 2977 J1
17. INFORMANT: Wesley Home, Inc. ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 12 March 1969 to 4 December 1970, that (I) (~~we~~) last saw the deceased alive on 1 December 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did~~ not) view the body after death.

23A. SIGNATURE: John W Barnaby DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 7 Dec 70
23C. PHYSICIAN'S NAME (Type): Dr. John W. Barnaby DEGREE
23D. ADDRESS: 1652 East Belvedere Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7 Dec. 1970
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.
25C. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: Baltimore, Md.
By: Walter J. Burgee

VS 150-REV. 1/1/68

N-526 70 11963

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11963

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GEORGE NELSON NINGARD

2. DATE AND HOUR OF DEATH: Dec. 5, 1970 12:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3108 Juneau Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-43
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3108 Juneau Palce

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/19/11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: City B of Tests
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George E Ningard
14. MOTHER'S MAIDEN NAME: Mary E Osbourn
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 217-03-4841
17. INFORMANT: Family records
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4/0.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic C.V.D.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1947 to December 5 1970 that (I) (we) last saw the deceased alive on Nov. 28 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (didn't) view the body after death.

23A. SIGNATURE: J Henry Haase M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: December 7, 1970
23C. PHYSICIAN'S NAME (Type): J Henry Haase MD DEGREE
23D. ADDRESS: 2926 E. Coldspring Lane

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: C.F. EVANS & SON
ADDRESS: 8802 Harford road

VS 150-REV. 1/1/68

70 11964

Y-520

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11964

1. NAME OF DECEASED (Type or Print): Oliver William Young

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 70 Hour 2:13a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-4R
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3329 Elmley Ave.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 11/2/51
10. AGE (In years last birthday): 19
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ross A. Young

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Marjorie Freed

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 212-60-4446
18. INFORMANT: Ross Young, father, above — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): between 3100&3200 Blk. Ravenwood Ave.

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12 6 70 12:25a m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? shot in chest

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 Robert E. Tatlow, M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 151-REV. 3/1/68

N896-1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-635 70 11965

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11965

1. NAME OF DECEASED (Type or Print): Franklin WILLIAM F. HARTMAN

2. DATE AND HOUR OF DEATH: 12/4/70 1:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 HopkinsHospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21205
B. COUNTY: 7-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 503 N. Ellwood Ave.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/26/97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret-floor contractor-self employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Franklin Hartman
14. MOTHER'S MAIDEN NAME: Julia Fuller
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-34-5961A
17. INFORMANT: Margaret McNeill Hartman, wife, above
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) HASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) E H/O Myocardial Infarction x 3 in past.

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from November 1969 to September 1970 that (I) (we) last saw the deceased alive on September 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rein Saral M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/5/70
23C. PHYSICIAN'S NAME (Type): REIN SARAL M.D. DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/8/70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Tabey M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

A-216 70 11966 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 11966

1. NAME OF DECEASED (Type or Print): BESSIE ASKBROOK Ashbrook

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 7 Year 1970 Hour 7:40 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1230 W. Cross St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1230 W. Cross St.

6. SEX: female
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5-7-1921
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm Woodall

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier
14B. KIND OF BUSINESS OR INDUSTRY: Restaurant
15. MOTHER'S MAIDEN NAME: Davis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.: 214 22 7624
18. INFORMANT: Mrs. Barbara Kress ADDRESS: 1915 Letitia Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: IMihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: 12-7-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Thomas J. Kenny Inc ADDRESS: 1600 Hollins St

VS 151-REV. 1/1/68

12/10/70 - Letter from M.E.O. Afbc

70 11967

W-326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11967

1. NAME OF DECEASED (Type or Print): REV. HENDERSON WHITAKER SR

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 1970 Hour 1:15 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1725 Ashland Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 7-04
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1725 Ashland Ave.

6. SEX: male
7. RACE: negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 3-15-98
10. AGE (In years last birthday): 72
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Scotland Neck, N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Whitaker
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Pattie Whitaker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 243-40-2931 A
18. INFORMANT: Rev. Henderson Whitaker Jr. Mrs. Bertha Whitaker ADDRESS: 1725 Ashland Av. 21205

MEDICAL CERTIFICATION

19. 4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: 12-7070

24A. BURIAL CREMATION, REMOVAL (Specify): transit-burial
24B. DATE: 12-13-70
24C. NAME of CEMETERY or CREMATORY: Laurence Cemetery
24D. LOCATION (City, town, or county) (State): Edcorn Co., Ndrth Carolina

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 151-REV. 1/1/68

1

D-256 70 11968
C-600

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11968

REG. NO.

BIRTH NO. WILLIAM DAGNER ALSO KNOWN AS

1. NAME OF DECEASED (Type or Print): Dagner ARTHUR CHERRY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year December 9,1970 Hour 9:10 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 617 Ensor Street 1-12-71

CERTIFICATE AMENDED

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 8-06

6. SEX: Male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-6-16

10. AGE (In years last birthday): 54

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1719 North Caroline Street

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kessler Cherry

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Painter

15. MOTHER'S MAIDEN NAME: Rose Dowdy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 220-36-2478

18. INFORMANT: Rose Dowdy ADDRESS: 1719 N. Caroline St. 21213

MEDICAL CERTIFICATION

19. 412.4 401.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary Tuberculosis

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): transit-burial

24B. DATE: 12-13-70

24C. NAME of CEMETERY or CREMATORY: Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Norfolk, Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Lantzy, M.D.

25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 151-REV. 1/1/68

CORRECTED BY VS153 1-12-71

1

70 11969

R-163

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 11969

REG. NO.

1. NAME OF DECEASED (Type or Print) FLORA BEATRICE (McCLEOD) ROBERTSON (Robbison)

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year December 9,1970 Hour 8:00 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)

A. STATE Maryland B. COUNTY 10-01

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO ☐

E. STREET AND NUMBER 721 E. Chase Street

6. SEX Female

7. RACE Negro

8. MARRIED [x] NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH 12-25-12

10. AGE (In years last birthday) 57

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country) Raleigh, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Allen McCleod

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME Abbie Sloan

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 237-28-2439

18. INFORMANT Mrs. Tillie Hobbs ADDRESS 619 Ensor St. 21202
Floyd Robertson 721 E. Chase St. 21202

MEDICAL CERTIFICATION

19. 412.4 & 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Diabetes mellitus

20A. DATE OF OPERATION 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection [X] Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes [X] Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER [x]
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 12/9/70

24A. BURIAL CREMATION, REMOVAL (Specify) transit-burial

24B. DATE 12-13-70

24C. NAME of CEMETERY or CREMATORY Poplar Springs Church

24D. LOCATION (City, town, or county) (State) Raleigh, N.Carolina

25A. DATE REC'D BY HEALTH DEPT. DEC 9 1970

25B. NAME OF REGISTRAR Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR Marshall W. Jones, Jr. ADDRESS 1735 Harford 21213

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11970

BIRTH NO. M-236 70 11970

1. NAME OF DECEASED (Type or Print): BETTY Mc DERMOTT

2. DATE AND HOUR OF DEATH: 12-9-70 3:05 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MELCHOR NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 26-05
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 721 UMBRA ST. #21224

5. SEX: F
6. RACE: CAUCASIAN
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: JUNE 3-1911
9. AGE (In years last birthday): 59
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FORK LIFT OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL CO.
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: MINNIE STRICKLIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-22-5779
17. INFORMANT: MARY M. ROGERS
ADDRESS: 721 UMBRA ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hodgkins disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3yrs

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 18 1970 to December 9 1970, that (I) (~~we~~) last saw the deceased alive on December 2 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A. Allan Spier DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/9/70
23C. PHYSICIAN'S NAME (Type): A. ALLAN SPIER M.D. DEGREE
23D. ADDRESS: 1501 PENTRIDGE ROAD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/12/70
24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: GEORGE A. WEBER
ADDRESS: 705 S. ANN ST. #21231

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B2001

70 11971

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11971

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MRS. WANDA A. BAASE

2. DATE AND HOUR OF DEATH: 12/8/70 | 6 25 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL, BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: 3-01
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 124 S. BROADWAY

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/6/23 9. AGE (In years last birthday): 47 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): J.L. CLARK & CO 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND. 12. CITIZEN OF WHAT COUNTRY? AMERICA.

13. FATHER'S NAME: STEPHEN WALIGWSKI 14. MOTHER'S MAIDEN NAME: BETSY CRAPP

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: LORRAINE WALTERS ADDRESS: 3229 FLEET ST.

MEDICAL CERTIFICATION

18. 250.4 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) DIABETES MELLITUS, RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(C) CARDIAC ARRYTHMIA

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/4 19 70 to 12/8 19 70 that (I) (we) last saw the deceased alive on 12/8 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A.C. Chowvalit, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 12/8/70

23C. PHYSICIAN'S NAME (Type): A.C. CHOWVALIT, M.D. DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 12/11/70 24C. NAME of CEMETERY or CREMATORY: BALTO. NATIONAL 24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: JOHN WEBER ADDRESS: 407 S CHESTER

VS 150-REV. 1/1/68

32-11-43 db

B630

BIRTH NO. 70 11972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11972

1. NAME OF DECEASED (Type or Print): HAYWARD BYRD

2. DATE AND HOUR OF DEATH: 12/5/70 8:45 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL 4940 Eastern Avenue Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1714 N. Milton Avenue 21213 007

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-27-16
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joe
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-18-3794
17. INFORMANT: 4940 Eastern Avenue
ADDRESS: BCH-Records Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CACHECTIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Week

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) CARCINOMA LEFT LUNG — 1 1/2 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12/4/70 19 to 12/5/70 19 that (I) (we) last saw the deceased alive on 12/5/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12-5-70
23C. PHYSICIAN'S NAME (Type): E. CASTRO MD DEGREE
23D. ADDRESS: 4940 Eastern Ave. Balto., Md. 21224 BALTIMORE CITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-9-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Randolph J. Collick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11973 REG. NO. 70 11973

1. NAME OF DECEASED (Type or Print): ADAMS WILLIAM T

2. DATE AND HOUR OF DEATH: 12/8/70 9:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: PLEASANT MANOR NURSING HOME
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4615 PARK HEIGHTS AVE BALTIMORE, MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 263 BALLOW CT 3-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: MD - 21202

5. SEX: M
6. RACE: NEGRO
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-10-1900
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Odd Jobs
11. BIRTHPLACE (State or foreign country): St Marys Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-01-9792
17. INFORMANT: Mrs Mary Giles
ADDRESS: 2601 Preston St.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Vascular Thrombosis — 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes Mellitus — 1 year

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 18 1970 to Dec 8 1970, that (I) (~~we~~) last saw the deceased alive on Dec 8 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/8/70
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D. DEGREE
23D. ADDRESS: 6101 PARK HEIGHTS AVE, BALTO MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Randolph J. Collick
ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 11974 REG. NO. 70 11974

1. NAME OF DECEASED (Type or Print): Cartha Linthicum

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 5 Year 70 Hour 4:20 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

44

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 9-07
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1536 Gorsuch Ave.

6. SEX: female
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: 3-13-1923
10. AGE (In years last birthday): 47 ~~48~~
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Vaughan, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Brinkley
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
14B. KIND OF BUSINESS OR INDUSTRY: Private Family At home
15. MOTHER'S MAIDEN NAME: Ida Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: William Brinkley ADDRESS: 2015 E. Hoffman St.

MEDICAL CERTIFICATION

19. 4124 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 12/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cmty.
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Talbert
25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

A 4231

70 11975

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11975

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mary E. Alston

2. DATE AND HOUR OF DEATH: 12/7/70 11:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 8-07

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1526 N. Broadway

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 9/09/02

9. AGE (In years last birthday): 68 XXX

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Littleton, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Harris

14. MOTHER'S MAIDEN NAME: Flora Boyd

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-24-2439

17. INFORMANT: Clara A. Williams ADDRESS: 1526 N. Broadway

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 431.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B): Gram negative sepsis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO, OR AS A CONSEQUENCE OF:

(C): R/O intracerebral bleed

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 12/1 1970 to 12/7 1970, that (I) (~~we~~) last saw the deceased alive on 12/7 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: James C. Bobrow M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12/8/70

23C. PHYSICIAN'S NAME (Type): James C. Bobrow M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-12-70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Randolph J. Coollick ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-325 70 11976

REG. NO. 70 11976

1. NAME OF DECEASED (Type or Print): Watson, Mildred A.

2. DATE AND HOUR OF DEATH: 12/7/70 7:40 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 12-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3016 ST. PAUL ST.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/27/04

9. AGE (In years last birthday): 66

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Abram M. Watson

14. MOTHER'S MAIDEN NAME: Laura Siegk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 014 18 3069

17. INFORMANT: Mrs. David C. Watson, 3501 St. Paul St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 431.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Noo

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/6/70 19 to 12/7/70 19, that (I) (we) last saw the deceased alive on 12/7/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jerrold Ellner, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/7/70

23C. PHYSICIAN'S NAME (Type): Jerrold Ellner, M.D. DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/10/70

24C. NAME of CEMETERY or CREMATORY: Garrison Forest

24D. LOCATION (City, town, or county) (State): Garrison Forest, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Jackson

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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A-536 70 1197.7 BALTIMORE CITY HEALTH DEPARTMENT 70 1197.7

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): WILLIAM ANDERSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — December 9, 1970 12:45 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Anne Arundel 52-00
C. CITY OR TOWN: Dorsey D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Box 217 Race Road

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 2-26-1944
10. AGE (In years last birthday): 26
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Georiga
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Will David Anderson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): spinn operator
14B. KIND OF BUSINESS OR INDUSTRY: Enjay Fibers Co.
15. MOTHER'S MAIDEN NAME: Iletha Blackwell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-40-8977
18. INFORMANT: Mrs. Barbara Anderson ADDRESS: Box 217 Race Rd.

MEDICAL CERTIFICATION

19. E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Peritonitis and Pneumonia complicating Multiple Injuries

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 100 yards N.of Beechwood Rd.,Arnold,M.D. 52-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-19-70 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by car

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-12-1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 151-REV. 3/1/68

N869.0

B-250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 11978 REG. NO. 70 11978

1. NAME OF DECEASED (Type or Print): BACON, ARTHUR B.

2. DATE AND HOUR OF DEATH: 12/9/1970 | 4:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MD.

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 15-03

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1817 N. BENTALOU ST. #16

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-12-17 9. AGE (In years last birthday): 53 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shipping clerk

10B. KIND OF BUSINESS OR INDUSTRY: Clothing Manufacturing Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert A. Bacon

14. MOTHER'S MAIDEN NAME: Agnes Ethel Bowser

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Thelma Elsey ADDRESS: 1817 N. Bentalou St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: CARDIOGENIC SHOCK FOLL ACUTE MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC HEART DISEASE

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes) or No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED While At Work ☐ — Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12/9/ 1970 to 12/9/ 1970 that (I) (we) last saw the deceased alive on 12/9/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Basu M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/9/70

23C. PHYSICIAN'S NAME (Type): S. BASU DEGREE

23D. ADDRESS: Lutheran Hospital of Maryland.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-12-1970

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970

25B. NAME OF REGISTRAR: Robert E. Dailey M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-520

70 11979 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 11979

1. NAME OF DECEASED (Type or Print): JOSEPH W. THOMAS

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 12 Day 6 Year 70 Hour 1:35 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1824 Pulaski St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1824 Pulaski St.

6. SEX: male
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-15-1909
10. AGE (In years last birthday): 60
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John D. Thomas

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook
14B. KIND OF BUSINESS OR INDUSTRY: Beltway Motel
15. MOTHER'S MAIDEN NAME: Pearl Lewis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 213-05-1099
18. INFORMANT: Minerva E. Thomas ADDRESS: 1824 N. Pulaski St.

MEDICAL CERTIFICATION

19. 4124 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 12/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-10-1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11980

BIRTH NO. H-236 70 11980

1. NAME OF DECEASED (Type or Print): Lillian R. Hester

2. DATE AND HOUR OF DEATH: Dec. 6, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1716 Monterey St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: N 25-53

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1716 Monterey St.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 6 Oct. 1884 9. AGE (In years last birthday): 86 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Ret) 10B. KIND OF BUSINESS OR INDUSTRY: C&R Mgr. Co

11. BIRTHPLACE (State or foreign country): N/C 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 218-03-5811-A 17. INFORMANT: Adkins H. Hester (SON) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Anemia and Malnutrition — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ca of the Stomach — 3 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~Fibrous inactive Pulm. Tb~~

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fibrous inactive Pulm. Tb — Many years

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-9 1970 to 12-6 1970, that (I) (we) last saw the deceased alive on 12-4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: E. H. Weiss M.D. DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): E. H. Weiss DEGREE 23D. ADDRESS: 615 Hammonds Lane — Balto. — 21225

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12/8/70 24C. NAME of CEMETERY or CREMATORY: Bohemian Cemetery 24D. LOCATION (City, town, or county): Baltimore (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970 25B. NAME OF REGISTRAR: Robert E. Faber M.D. 25C. FUNERAL DIRECTOR: J. R. Ware Singleton Funeral Home ADDRESS: Glen Burnie, Md.

WS-150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-160 70 11981

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11981

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): NORMAN SCHAEFER

2. DATE AND HOUR OF DEATH: 12/7/70 9:03 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital
48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL
C. CITY OR TOWN: GLEN BURNIE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 403 Central Ave. S.W.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-2-09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASST. TREASURER
10B. KIND OF BUSINESS OR INDUSTRY: TERMINAL SHIPPING
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: AUGUST L. SCHAEFER
14. MOTHER'S MAIDEN NAME: SOPHIA PFEIFFER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): ////////////////
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARGARET K. SCHAEFER WIFE
ADDRESS: SAME as #4

MEDICAL CERTIFICATION

18. 4109

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pericardial Tamponade, Hemopericardium
DUE TO, OR AS A CONSEQUENCE OF:
(B) Myocardial Rupture, myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C) Coronary Atherosclerosis + Thrombosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-1-70 19 70 to 12-7 19 70 that (I) (we) last saw the deceased alive on 12/7 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bayani B. Elma MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): BAYANI B. ELMA, M.D. DEGREE
23D. ADDRESS: Md. Gen Hosp, 827 Linden Ave

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC. 10/70
24C. NAME of CEMETERY or CREMATORY: GLEN HAVEN MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): GLEN BURNIE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: GLEN BURNIE SINGLETON FUNERAL HOME
ADDRESS: GLEN BURNIE, MD.

VS 150-REV. 1/1/68

S-620

BIRTH NO. 70 11982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 11982

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ethel B. Schierzka Ethel

2. DATE AND HOUR OF DEATH: Dec. 7. 1970 | 8:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-00
C. CITY OR TOWN: HANOVER
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: BOX 1218 RIDGE ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: APRIL 17, 1916
9. AGE (In years last birthday): 54 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN KINSTLER
14. MOTHER'S MAIDEN NAME: ANNABELLE SYKES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no — (If yes, give war or dates of service): ////////////////
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: MR. CYRUS J. SCHIERZKA (husband) — ADDRESS: Same As #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 25 19 70 to Dec. 7 19 70 that (I) (we) last saw the deceased alive on ~~Nov.~~ Dec. 7 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Susumu Kinjo M.D DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Dec. 7. 1970
23C. PHYSICIAN'S NAME (Type): SUSUMU KINJO MD DEGREE
23D. ADDRESS: 3001 South Hanover Street. Baltimore. MD 21230

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC. 10/70
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): ELKRIDGE, RFD, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Lahey, M.D.
25C. FUNERAL DIRECTOR: W. P. Singleton — ADDRESS: SINGLETON FUNERAL HOME GLEN BURNIE, MD.

VS 150-REV. 1/1/68

H-530

BIRTH NO. 70 11983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11983

1. NAME OF DECEASED (Type or Print): HUNT, JOHN H

2. DATE AND HOUR OF DEATH: DECEMBER 8, 1970 1:10P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-00
C. CITY OR TOWN: GLEN BURNIE,
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 9 ROOSEVELT AVE 21061

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/12/18
9. AGE (In years last birthday): 52
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECURITY GUARD
10B. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL CORP.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER HUNT
14. MOTHER'S MAIDEN NAME: MARY ELLEN (CUNNINGHAM) HUNT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 212-09-8637
17. INFORMANT: Mrs. Kathryn M. Hunt (wife) ADDRESS: Same as #4
ST. AGNES HOSPITAL RECORDS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Heart Block.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DECEMBER 5 1970 to DECEMBER 8 1970 that (I) (we) last saw the deceased alive on DECEMBER 8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): SALVADOR QUIROZ, MD. DEGREE
23D. ADDRESS: BALTIMORE, MARYLAND 21229
ST. AGNES HOSPITAL; CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Dec. 12/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 9 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: R. G. Singleton
ADDRESS: Singleton Funeral Home Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-200 70 11984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11984

1. NAME OF DECEASED (Type or Print): Helen Macko

2. DATE AND HOUR OF DEATH: 12/8/1970 4 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2829 Christopher Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 27-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2829 Christopher Ave.

5. SEX: F.
6. RACE: W,
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/2/1904
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Pilarski
14. MOTHER'S MAIDEN NAME: Sophie "okoski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-28-7886
17. INFORMANT: Mrs Carolyn Martin
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Coronary arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from March 19 62 to Dec. 8 19 70 that (I) (~~we~~) last saw the deceased alive on December 5 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: R Donald Jandorf DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-9-70
23C. PHYSICIAN'S NAME (Type): R. Donald Jandorf MD DEGREE
23D. ADDRESS: 7403 Harford Rd. Balto. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/70
24C. NAME of CEMETERY or CREMATORY: Polish Nat'l Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md.
ADDRESS:

VS 150-REV. 1/1/68

M-240 70 11985

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11985

1. NAME OF DECEASED (Type or Print): Lillian May Moxley — LILLIAN MAY MOXLEY

2. DATE AND HOUR OF DEATH: 12/8/70 | 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Convalesarium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-59
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1417 Northgate Rd

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: April 13, 1892
9. AGE (in years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Style
14. MOTHER'S MAIDEN NAME: Mary Weisbecker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-8904
17. INFORMANT: D Mrs Mamie A Greb
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 436.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: STROKE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12/2/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.V.D. — 7 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1945 19__ to 12/8/70 19__ that (I) (~~we~~) last saw the deceased alive on 12/7/70 19__ and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Walter E Karfgin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/8/70
23C. PHYSICIAN'S NAME (Type): Walter E Karfgin M.D. DEGREE
23D. ADDRESS: 4331 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-554 70 11986

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11986

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ANTHONY J ROMANIELLO

2. DATE AND HOUR OF DEATH: 12-10 a.m. - 12/8/70 12-10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 27-34
C. CITY OR TOWN: Baltimore 21206
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5927 Benton Hghts Ave.

5. SEX: M
6. RACE: Cauc.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/25/08
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver (Ret)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Romaniello
14. MOTHER'S MAIDEN NAME: Rose DelBuno
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 213 183232
17. INFORMANT: Wife
ADDRESS: Same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Recurrent Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma bladder & obstructive neopathy.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/11 1970 to 12/8 1970 that (I) (we) last saw the deceased alive on 12/8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pratima Bose M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/8/70.
23C. PHYSICIAN'S NAME (Type): PRATIMA BOSE M.D. DEGREE
23D. ADDRESS: Mercy Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Rose E. Tabler, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc., Balto. Md. 21214
ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. 0-162 70 11987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11987

1. NAME OF DECEASED (Type or Print): Joseph Obrycki

2. DATE AND HOUR OF DEATH: 12/8/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home & Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 26-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 417 S. Anglesea Street

5. SEX: M.
6. RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/2/1902
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employeed
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Obrycki
14. MOTHER'S MAIDEN NAME: Barbara Swiecinski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-36-5028
17. INFORMANT: Lillian V. Obrycki ADDRESS: 417 S. Anglesea St Baltimore, Md

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/30 1957 to 12/8 1970 that (I) (we) last saw the deceased alive on 12/8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (saw) (did not) view the body after death.

23A. SIGNATURE: Irvin B. Kaplan MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/9/70
23C. PHYSICIAN'S NAME (Type): Irvin B. Kaplan MD DEGREE
23D. ADDRESS: 129 S. Broadway Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-12-70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

40-17-65 db

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-452 70 11988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11988

1. NAME OF DECEASED (Type or Print): Ellington, William

2. DATE AND HOUR OF DEATH: 12/4/70 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 4940 Eastern Ave. Balto., Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore B. COUNTY: Maryland 26-07
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4719 Eastern Ave 21224 007

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-1-00
9. AGE (In years last birthday): 70 (If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William
14. MOTHER'S MAIDEN NAME: Fleming, Cordelia
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 240-09-3021
17. INFORMANT: 4940 Eastern Avenue BCH- Baltimore, Md. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	4 minutes
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Major Surgery for Carcinoma of mouth	12/1/70
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Major Surgery for Carcinoma of mouth	11/17/70

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Possible Electrolyte abnormality — 15 minutes.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 12/1 1970 to 12/4 1970 that (I) (~~we~~) last saw the deceased alive on 12/4 1970 and ~~that~~ in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William R. Sloan MD. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/4/70
23C. PHYSICIAN'S NAME (Type): William R. Sloan MD. DEGREE
23D. ADDRESS: 4940 Eastern Ave. Balto., Md. 21224 Baltimore City Hospital Baltimore Maryland

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 12-10-70
24C. NAME of CEMETERY or CREMATORY
24D. ADDRESS (City or County) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

1

S-530 70 11989

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11989

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas E. Smith

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 Day: 22 Year: 70 Hour: 11:12 a.m.

3. DATE PRONOUNCED DEAD — Month: 11 Day: 22 Year: 70 Hour: 11:12 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 4-01
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 506 E. Balto. St.

6. SEX: male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH
10. AGE (In years last birthday): 64
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. 519.2

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Chronic obstructive pulmonary disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [X]

ACTUAL SIGNATURE: Pl Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D
DATE SIGNED: 11/23/70

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City or County) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Falkey, M.D.
25C. FUNERAL DIRECTOR
25D. ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

G-416 70 11990

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11990

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ARNOLD GILBERT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 10 Day 18 Year 1970 Hour 5:15 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 9-04
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2623 Greenmount Ave.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH
10. AGE (in years last birthday): 66
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED: 10-19-70

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 12-2-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

S-356 70 11991

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11991

1. NAME OF DECEASED (Type or Print): PAUL SYDNOR

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 14, 1970 Hour 10:50 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 726 Lennox Street

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 726 Lennox Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 68
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. 412.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: October 15, 1970

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 12-7-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, Town, County, State)

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR
25D. LICENSE NO.

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

F-260 70 11992

BIRTH NO. 70-21987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11992

1. NAME OF DECEASED (Type or Print): Baby Boy "B" Fisher

2. DATE AND HOUR OF DEATH: 12-4-70 | 6:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 27-98

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3321 W. Belvedere Ave. #21215

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-4-70

9. AGE (In years last birthday): If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 6 Min.: 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archie Fisher

14. MOTHER'S MAIDEN NAME: Judy Drye

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Prematurity - ANOXIA

DUE TO, OR AS A CONSEQUENCE OF:

(B) TWIN - Respiratory distress Syndrome

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Maria Y. Que, MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): MARIA Y. QUE, MD. DEGREE

23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 12-7-70

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State):

25A. DATE REC'D BY HEALTH DEPT.: DEC 10 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-400 70 11993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 11993

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Vennie Dull

2. DATE AND HOUR OF DEATH: 12-9-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 20-37
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 525 N. Allendale St.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 2-23-99 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Stewart & Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LATE WILLIAM FOX

14. MOTHER'S MAIDEN NAME: LATE ALICE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Levi Fox, Stuarts Draft, Rte 1, Virginia ADDRESS 24477

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 4.12.31

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.): (Month) (Day) (Year) (Hour) —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 12/9/ 19 70 to 12/9/ 19 70 that (I) (we) last saw the deceased alive on 12/9/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: S. Basu M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 12/9/70

23C. PHYSICIAN'S NAME (Type): S. BASU DEGREE

23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/14/70

24C. NAME of CEMETERY or CREMATORY: Thornrose Cemetery

24D. LOCATION (City, town, or county) (State): Staunton, Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970

25B. NAME OF REGISTRAR: Jabez G. Jackson, M.D.

25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson ave., 21228 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. V-340 70 11994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11994

1. NAME OF DECEASED (Type or Print): Frank Vitale

2. DATE AND HOUR OF DEATH: Dec. 6, 1970 3:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3008 Brendan Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore C. 53-00
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6929 Holabird Ave.

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: April 20, 1890
9. AGE (In years last birthday): 80 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Self-employed
10B. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Guiseppe Vitale
14. MOTHER'S MAIDEN NAME: Filomena Ausolone

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-28-3831A
17. INFORMANT (Daughter) ADDRESS 6920 Delvale Place
Mrs. Mary T. Esler, Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. 4 12.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Rt. Hemoplegia Secondary to Cerebro Vascular Accident

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic C. V. Disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ([redacted]) attended the deceased from 11/24 19 70 to 12/6 19 70 that (I) ([redacted]) last saw the deceased alive on 12/1 19 70 and that in (my) ([redacted]) opinion death occurred on the date and hour and from the causes stated above. (I) ([redacted]) (did) ([redacted]) view the body after death.

23A. SIGNATURE: L B Stevens DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/7/70
23C. PHYSICIAN'S NAME (Type): L. B. Stevens M. D. DEGREE
23D. ADDRESS: 3400 Erdman Ave. Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/9/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. DEC 11 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-635 70 11995

REG. NO. 70 11995

1. NAME OF DECEASED (Type or Print): Friedman, Nettie

2. DATE AND HOUR OF DEATH: 12/8/70 3 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto 26-53

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3984 Southclare Road

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 06-08-18 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AARON Phillip Fine

14. MOTHER'S MAIDEN NAME: Daisy Saltzman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. JACK FRIEDMAN, 3984 SOUTHCLARE RD. #21213

ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 222X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Aspiration Pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(C) Obesity, Sepsis, acute &

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Chronic renal failure; Possible Cushing's Reaction & Pickwickian Syndrome

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ We (this hospital) attended the deceased from 10/22/ 1970 to 12/8/ 1970, that (I) (we) last saw the deceased alive on 12/8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Densen MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 12/8/70

23C. PHYSICIAN'S NAME (Type): Peter Densen MD DEGREE

23D. ADDRESS: 601 N. Broadway; Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-9-70

24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-251 70 11996

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11996

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROSE ROSENBAUM

2. DATE AND HOUR OF DEATH: DECEMBER 7, 1970 — 9 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): X 3801 GLEN AVENUE
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-20
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3801 GLEN AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: MARCH 25, 1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: MENDEL LERNER
14. MOTHER'S MAIDEN NAME: TOBY ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: MRS. BELLE POPLUDER
ADDRESS: 3829 MENLO DR. #21215

MEDICAL CERTIFICATION

18. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Coronary Occlusion — Immed
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerosis — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 1968 to Dec 7 1970, that (I) (we) last saw the deceased alive on 12-3 1970 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Irvin Sauber — DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-7-70
23C. PHYSICIAN'S NAME (Type): IRVIN SAUBER — DEGREE
23D. ADDRESS: 6905 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-8-70
24C. NAME of CEMETERY or CREMATORY: BETH TFILOH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

B-656 70 11997

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 11997

BIRTH NO.

CERTIFICATE AMENDED 12-16-70

1. NAME OF DECEASED (Type or Print): GEORG ERNST BERNARD ~~GEORGE E. BERNARD BERNARD~~

2. DATE OF DEATH: Known [X] Estimated [ ] Month December Day 9 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month December Day 9 Year 1970 Hour 8:25 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION, STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Montgomery C. CITY OR TOWN: Gaithersburg D. INSIDE CITY LIMITS? YES [ ] NO [X]

6. SEX: Male

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Jan. 11, 1916

10. AGE (In years last birthday): 54 (If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.)

E. STREET AND NUMBER: 5856 Olney Road

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph ~~Joseph~~ Bernard

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineer

14B. KIND OF BUSINESS OR INDUSTRY: Engineering

15. MOTHER'S MAIDEN NAME: Dora Brase

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 213-34-0469

18. INFORMANT: Mrs. Fredrikke Bernard ADDRESS: Same as #5

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E812.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-cranial injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rt. 108 and Ten Oaks Road (Howard County)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 12-9-70 7:56 P. m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Driver in auto-truck collision

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: December 10, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 12-14-70

24C. NAME of CEMETERY or CREMATORY: FRIEDHOFSVERWALTUNG Bremerstrasse

24D. LOCATION (City, town, or county) (State): Hamburg-Harburg, Germany Zip 2104

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Francis H. Barber ADDRESS: Laytonsville, Md.

VS 151-REV. 1/1/68

N 854.0

V.S. 153 12-16-70 M.H.

H-340

BIRTH NO. 70 11998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11998

1. NAME OF DECEASED (Type or Print): Roland R. Hadel Sr.

2. DATE AND HOUR OF DEATH: 12/8/70 6:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 410 S. Pulaski St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 410 S. Pulaski St.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/21/1905 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10B. KIND OF BUSINESS OR INDUSTRY: Theater
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 212-05-8193
17. INFORMANT: Mr Roland Hadel Jr. ADDRESS: above

CAUSE OF DEATH

18. 162.1 2011.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: malignancy lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several months
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Pulmonary tuberculosis — 2 years.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-31- 19 67 to 12-8-70 19 that (I) (we) last saw the deceased alive on 12-5- 19 7 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12-9-70
23C. PHYSICIAN'S NAME (Type): E. ELLSWORTH COOK M.D. DEGREE
23D. ADDRESS: 2431 Maryland Ave. Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Conaway & Son Inc.
ADDRESS: 917 Hollins St. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-530 70 11999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 11999

1. NAME OF DECEASED (Type or Print): BENNETT MARTHA R.

2. DATE AND HOUR OF DEATH: 12.8.70 5.52 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN. HOSPITAL 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: —
C. CITY OR TOWN: Balto. CITY
D. INSIDE CITY LIMITS? ~~YES~~ ☐ NO ☒
E. STREET AND NUMBER: 3715 7th St.

25-44

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 4-4-97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Cross St. Mkt.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK GELZER
14. MOTHER'S MAIDEN NAME: ALICE MADDEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Recd's — S. Balto. Gen. Hosp. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral Embolism.
DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE C ATRIAL FIBRILLATION ?

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-8-70 1970 to 12-8-70 1970 that (I) (we) last saw the deceased alive on 12-8-70 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harjit Singh DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 12-8-70
23C. PHYSICIAN'S NAME (Type): HARJIT SINGH MD DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-11-70
24C. NAME of CEMETERY or CREMATORY: Louden Park Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: J. McCully ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-650 70 12000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 12000

1. NAME OF DECEASED (Type or Print): BROWN, LILLIE MARGUERITE

2. DATE AND HOUR OF DEATH: DECEMBER 8, 1970 8:05P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MARYLAND 21229

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: ANNE ARUNDEL G 52-00
C. CITY OR TOWN: PASADENA
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: BOX 41 A RT # 5 SUNSETKNOLL RD.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 02 11 91
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: THOMAS COOPER
14. MOTHER'S MAIDEN NAME: DRUSCILLIA KING
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 278 16 4591
17. INFORMANT: ST AGNES HOSPITAL WILKENS & CATON AVES
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 436.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cerebro vascular accident
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): mild hypertension

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 23, 19 70 to DECEMBER 8, 19 70 that (I) (we) last saw the deceased alive on DECEMBER 8, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Horacio Guzman DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: DECEMBER 8, 1970
23C. PHYSICIAN'S NAME (Type): GUZMAN, HORAVIO M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/11/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore 21225, Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 11 1970
25B. NAME OF REGISTRAR: 70 0 0 0 0 2
25C. FUNERAL DIRECTOR: John H. Hahn, 4200 Pennington Ave.
ADDRESS:

VS 150-REV. 1/1/68